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ASSOCIATE EDITOR,
J. RICHEY HORNER, M. D.

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Practice of Medicine.

THIRTY-ONE YEARS' EXPERIENCE IN THE TREATMENT OF SOUTHERN FEVERS.

BY HENRY R. STOUT, M. D., JACKSONVILLE, FLA.

When in 1875 I removed from Chicago to Jacksonville, Florida, I had comparatively little experience in the treatment of malarial fevers. I had practiced seven years, and had been with my preceptor, Dr. N. F. Cooke, as student for three years and to have a case of chills and fever was rather uncommon.

When I began practicing in Jacksonville, intermittent, and other forms of malarial fever, furnished a large majority of cases of disease, especially during the summer and fall. There was no system of sewerage, and the drinking water was obtained from wells and cisterns. The whole state was being rapidly developed, the forests were being cleared away to plant orange groves, and the upturning of the new soil, with people living in ways to which they had not been accustomed, caused outbreaks of malarial fever, which sometimes assumed almost the form of an epidemic. I have many times been called to cases in the settlements about Jacksonville to find my patient in a hopeless condition, although sick only a few hours. These types of fever were of a congestive type. The patient would have a chill, followed by a rapid rise of temperature, coma, and death. There would really be no time to get action from remedies. Other cases would be of the type of continued fever with remissions.

Such cases might continue from one to three weeks. We sometimes had a type of fever which might properly be called typho-malarial. It did not run the course of the typhoid, yet would have the dry, brown tongue with delirium found in typhoid. It would last only from two to four weeks if under the use of Bryonia, Rhus tox. or Gelsemium. I have seen typhoid symptoms disappear in two or three days. During my residence in Jacksonville we have had two experiences with yellow fever. In 1877, when the fever prevailed in Savannah, Ga., and Fernandina, Florida, we had a few cases and several deaths. In 1888 we had a severe epidemic. The two previous years it had been epidemic in Key West and Tampa. It finally obtained a foothold in Jacksonville in August, 1888. No one who has never passed through an epidemic of yellow fever can imagine the wild panic that ensues upon an outbreak of the dread disease. People escape by train, boat, wagon, and on foot, and the city soon assumes a deserted appearance. Residences are closed, as also are many of the business houses. Those remaining in the city settle down to a fight with Yellow Jack to last until Jack Frost appears and terminates the career of the other Jack. At least that formerly was the program, but the discovery that the mosquito is the only means by which the disease is transmitted, renders it unnecessary to await the coming of Jack Frost. In the light of this important discovery it is interesting, and almost amusing, to recall the various theories which have been put forth to explain an epidemic of this disease. For instance, it was believed that violent concussion of the atmosphere would destroy the germs, and on the outbreak of the fever in 1888, I was given charge of a battery of artillery to test this theory. We had a merry bombardment of the city for three nights with six cannon firing down the streets, with the only result, a lot of smashed windows and shattered nerves of women and children. Thos. A. Edison had a theory that the disease spread along the surface of the ground and that if the ground was sprinkled with a solution of caustic soda or potash the disease would not spread. Fortunately he did not give birth to this theory until near the close of our epidemic, so we were saved from that caustic visitation.

This epidemic led to the formation of our State Board of Health, and also to bonding our city for water works, sewerage and paving. Several years before this time the city had been provided with water works procuring water from artesian wells, but a greater effort was now made to extend the benefits and also for a more complete system of sewerage. The result has been that malarial fevers have decreased most remarkably and the health of the people has correspondingly improved. The State Board of Health, under the very efficient management of Dr. J. Y. Porter, the State Health Officer, has exercised such vigilance throughout the state that malarial fever has materially decreased.

Regarding the treatment of malarial fevers, I do not know that I can add much to your knowledge, for all homœopathic physicians are supposed to be governed by the law of similia in the selection of the remedy. If you adhere to that law you can make no mistake.

During my early experience in the treatment of intermittents, having had but little experience, I frequently used quinine. I found that in a majority of cases it did not cure but only suppressed. The chills would return in a few weeks or months and

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in the meantime the patient was not well. About that time Dr. H. C. Allen published his book on the treatment of intermittent fever. I began to study my cases more carefully, and soon learned that the similar remedy cured quickly and permanently. I want to say right here Natrum muriaticum 200 has cured more cases of chills and fever for me than all other remedies combined. I was convinced of its wonderful efficacy almost against my will, for it seemed absurd to think that the 200 potency of common salt would have any medicinal value, but hundreds of cures made by it admit of no doubts. Ignatia is another powerful remedy in chills and fever. When chills have been suppressed by quinine, Ipecac will cause them to be developed again, and either that remedy or Natrum mur. will produce a cure. Arsenicum and Nux vomica are sometimes indicated, but the remedies first mentioned I have found more frequently indicated. I consider quinine about the poorest remedy for malarial fevers that we have. I say this deliberately and with the full knowledge that I am inviting criticism. I believe it has been the cause of more enlarged livers, enlarged spleens, weak stomachs and shattered nerves than any other remedy. Of course our allopathic brothers could not practice medicine without it, but the homœopathist, with the rich resources of his materia medica, need have but little use for it.

In the treatment of the continued type of fevers, I have found Bryonia our most efficient remedy. Gelsemium is also a most valuable remedy, as also are Baptisia, Rhus tox. and Nux vomica. In yellow fevers, the before mentioned remedies, with Ipecac, Arsenicum, Lachesis, Crotalus, Carbo veg., Aconite, Belladonna, cover the ground completely.

As to the success of homœopathic treatment in the treatment of Southern fevers, I am unable to give statistics, except those pertaining to the yellow fever epidemic of 1888. In that, myself and two colleagues, the Doctors Johnson, treated 501 cases with 13 deaths, a mortality of 2 6-10 per cent. The general mortality for the city was 9 2-10 per cent. and the allopathic mortality at the Sand Hills Hospital was 15 7-10 per cent.

CLINICAL CASES OF MALARIAL INFECTION.

BY A. L. BLACKWOOD, M. D., CHICAGO, ILL.

In the brief paper that I purpose presenting to you, I have selected a few cases suffering from malarial infection in some one of its various forms that have come under my observation.

I have not presented any cases in which quinine was given. I use this remedy just as I would use any other remedy when it is indicated by a well-developed and clear-cut chill, fever, sweat, and if spinal sensitiveness were present so much the better. I have never observed any lasting benefits from it in irregular cases, and have been called upon to treat many cases of the quinine cachexia that required a great amount of careful investigation to obtain the indicated remedy.

Some ten years ago there moved to Chicago a woman who had spent her early life in New Jersey, and more recently had lived along the East river in New York City. During these years she was a constant sufferer from malarial infection, and had been a recipient of the regulation treatment, pure, and in all its combinations. When she came to Chicago the malarial parasites redoubled their activities and several physicians were called in rotation to control the disease, and each in rotation had given more quinine. Finally my turn came. As I entered the room I was informed that the patient was dying, that she had been vomiting continually a bile and jelly-like material for more than an hour. There were severe abdominal colic-like pains with diarrhœa. The stools were of a fermented character. She complained of great pain in the head as if the brain and skull were bruised. It was true she was suffering from malaria, but the symptoms called for Ipecacuanha and Ipecacuanha 6x she received. She remained under my observation for several years; she had another slight paroxysm, but only the one. It is needless to say that upon returning to my office I was much pleased in looking up "Jahr's Forty Years' Practice," to find that he mentioned Ipecacuanha first in treating of chronic malarial infections.

Mr. L., aged 47, had spent several years in Central America, the last two at Panama, and came to Chicago during the spring of 1906. He had suffered from repeated attacks of malarial fever during the past six years. While naturally a large and portly man, and weighing two hundred and thirty pounds, he has been reduced by these frequent attacks of fever until his weight was now one hundred and seventy pounds. When I was consulted the first of May he was having irregular attacks, which frequently occurred during the morning from 9 to 11 A. M. They were preceded by yawning, stretching, headache, backache, a flow of saliva, continuous nausea, a retching but not much vomiting. The stools were of grassy green fermented appearance. One point he mentioned was, that whenever he ate food that did not agree with him, there was a return of the paroxysms. Ipecacuanha 6x speedily controlled the whole condition. He had but three attacks after beginning treatment, each of which was lighter than the preceding one.

Christ H., aged 22, had spent one year in Cuba, and two years at points in Central America. He had had several attacks of malarial fever during this time which had left him weak and prostrated. He consulted me in regard to a pain in the left hypochondria that extended around to the back covering the splenic area.

Physical examination showed him to be highly anæmic. There was a slight tenderness over the hepatic region, while the spleen was greatly enlarged; it extended three inches below the free border of the ribs, and was exceedingly tender under percussion. He complained of severe pain extending up the left side, and that when he had the paroxysms the pain in the side was greatly increased. There was vomiting and a profuse perspiration. The Ceanothus Americanus was given in five drop doses every three hours, with the results that the pain gradually left the side and the spleen was gradually reduced in size and all indications of malarial infection disappeared within six weeks.

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Mrs. C., aged 30, a woman of a nervous, excitable temperament, who was reared in a low marshy section of Southern Illinois, and has had repeated attacks of malaria during her early life, and has received the regulation treatment. For the past eight years she has suffered from a neuralgia of the right supraorbital nerve. This appeared with a clock-like regularity every other day at 11 A. M. A careful examination revealed no other symptoms. Cedron 3x. given three times a day was administered, and at the next clinic, one week later, she reported that she was completely relieved. This was in 1904. She has returned to the clinic from time to time, but there has been no return of the trouble.

The woman mentioned in the last case was so well pleased with the results in her case that she sent her mother, who was now 58 years of age. She also had been a great sufferer from malaria and has taken much quinine. For more than twenty years she had been a sufferer from a periodical attacks of neuralgia involving the tri-facial nerve.

The patient was greatly emaciated and yet the appetite was good. She was easily prostrated, the exhaustion was both physical and mental. She took cold easily, her bowels were constipated, the stools were hard and dry and were expelled with difficulty. The face was of yellow color, the lips dry, chapped and cracked and she was continually thirsty.

Going back to the early history of her paroxysms, they occurred during the forenoon, usually about 11 A. M., there was great thirst, which continued through all the stages. There was a most violent throbbing headache, all of which was relieved by the perspiration. After a careful examination, Natrum muriaticum was considered the indicated remedy. This was administered first in the 30, later three doses of the 200 was administered, then after one dose of the 1000 was given. It required three months to complete the cure, but she is relieved of all indications of her affliction. Her daughter reports that she continues free of neuralgia.

Mr. S., aged 47; he had spent several years in Central America and contracted some twelve years ago what he termed "Honduras Fever," from which he had never recovered. I was called into the case during a hæmorrhage from the stomach and bowels as they could not obtain their family physician. He gave a history of having had several such hæmorrhages. The present attack was controlled (or it stopped) while Ipecacuanha was being administered. A careful examination showed the patient to be highly anæmic. There was a general glandular infiltration and an enlargement of the spleen. A laboratory examination of the blood was made and showed all the characteristics of leucæmia. He complained of a dull heavy frontal headache, and there was present a persistent looseness of the bowels.

Owing to the leucaemic condition, the history of malarial infection, the quinine cachexia, the chronic looseness of the bowels, the hæmorrhages and the glandular and splenic enlargement, I prescribed Eucalyptus 2x. four times a day. The potency was afterwards increased to the third. This man has been watched carefully; there has been a slow but gradual improvement, he is more active, attends to his business and is in a healthier condition than he has been for several years. He has had but one slight hæmorrhage since beginning this treatment, which accompanied a spree. The spleen is much reduced in size, and the glands are practically normal in size; the general condition is much improved, and the blood has been examined from time to time and has shown a gradual improvement.

HOMŒOPATHY IN YELLOW FEVER.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

The latest conclusions of the French Commission on Yellow Fever at Rio de Janeiro contains the following remarkable statements:

1. The stegomyia fasciata is the only mosquito that can carry the infection of yellow fever.

2. That if this mosquito obeyed the common law of all other varieties of mosquito, and died after first oviposition, yellow fever would be unknown to man.

3. That this mosquito may be fed on black vomit, blood coming from hæmorrhages, melenic stools or the sweat of patients with yellow fever and still remain incapable of transmitting the disease.

4. That the stegomyia only bites at night, and, therefore, the inhabitants of an infected district can, during the day, between 7 A. M. and 5:30 P. M., attend to their affairs with impunity, but at the disappearance of twilight they must guard themselves from the bite of this mosquito.

5. That it can only become infected by biting a yellow fever patient during the first, second and third days of the disease.

6. That its bite is not dangerous every time, but certain special conditions of temperature are necessary in order that the bite be followed by infection.

7. That neither sleeping in bed with a yellow fever patient, nor the handling of his excretions, nor the blood drawn from his veins, nor the handling of a yellow fever cadaver, nor the application of the virulent serum to the abraded skin will produce the disease.

8. That the organism producing yellow fever is very small, so small that it has never been seen.

9. That quarantine measures against yellow fever are worse than useless, for one should not quarantine against man but the stegomyia.

The foregoing is interesting if true, and if not true, it is still of interest in showing that possibly the contention of the older writers, those of thirty years ago, that probably the disease was due to atmospheric conditions; for, as has just been said, certain conditions of temperature are necessary for the infection to take place.

The allopathic treatment of yellow fever, and this is taken from the latest work that has come to our table, that of Forchheimer, which appeared about four weeks ago, may be summed up as follows:

First. Destroy the mosquito and prevent its propagation.

Second. Give every patient a cathartic, castor oil or calomel.

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Third. Use benzonaphthol or corrosive sublimate for intestinal antisepsis.

Fourth. No antipyretics, no quinine; chloral for sleeplessness, ergotin for hæmorrhages, caffeine for aneuria and alcohol for collapse.

Fifth. Every other complication resists all treatment.

What a page of scientific, progressive medicine with which to commence the twentieth century!

Let us look at another picture and go back to the days when some of us were students of medicine, to the days of the great yellow fever epidemic of 1878, when the American Institute of Homœopathy appointed a commission to investigate the results of homœopathic practice in yellow fever, and appointed on that commission such men as Holcombe, Murrell, Orme, Falligant, Harper, Morse, Price, and others, men who knew the disease who had treated it, some of them, for thirty or forty years. These were men who knew or thought they did that the disease was of atmospheric origin. They did not go about looking for mosquitoes, nor did they give cathartics, nor intestinal antiseptics, nor chloral, nor alcohol. What did they do? They applied the homœopathic remedy and their mortality was five per cent., while the mortality of the allopathic school in that epidemic was from 30 to 50 per cent. What mattered it to them whether they thought the disease atmospheric or of germ origin, they did not know, and they were as well educated as any physician of that day. Let us look a little at the remedies they used. In the first place they were not remedies used to kill germs but to cure the patient. Not three or four remedies were used to clean out the intestines, to combat the fever and to stimulate the collapse, they seldom let a patient get into the collapse stage, and when they were called to one in that stage they had something better than alcohol. They had Carbo vegetabilis and Crotalus. The commission reported 6,569 cases with a mortality of 5 per cent. They invited papers and reports from all physicians living in the yellow fever districts and from all came the reports that Homœopathy was triumphant. These are the remedies used and their value is attested by hundreds of cases in which they were used. Bear in mind, too, that yellow fever is one of the desperate diseases.

Aconite.

All authorities concede to Aconite first place in the first stage, where its symptoms are present. Its usefulness, however, seemed limited to five or six hours. The febrile storm with chilliness, fever, dry skin and bounding pulse should be present.

Belladonna.

Is another first stage remedy, and it was successfully used in many cases. A good indication, among others, was where the body was warm and the feet cold.

Bryonia.

This also did wonderful work as a first stage remedy following Belladonna. An occipital, rather than frontal, headoche was an indication.

Camphora.

Drs. Holcombe and Hardenstein found Camphora preferable to Aconite when there was a violent long chill at the onset with coldness predominant; and Veratrum also came in in some cases.

Arsenicum.

This is one of the most important remedies in the disease, the burning, especially the nausea with burning, the thirst and the general picture of the disease it presents are prominent characteristics.

Its pathogenesis gives a perfect picture of the second stage of yellow fever. The arsenization theory of prophylaxis of yellow fever promulgated by Dr. R. B. Leach, of St. Paul, rests upon a sound homœopathic basis, and in the recent work on allopathic internal medicine above referred to, Dr. Forchheimer cites the use of small doses of Arsenicum in 177 out of 181 infected cases where it was successful. Nothing is said, however, of its homœopathic genesis. In fact, the credit is given to someone else.

Dr. Belden used Arsenicum as a prophylactic in 200 cases, and only one contracted the disease.

Crotalus.

The analogy between Crotalus and yellow fever was noted by Dr. S. Weir Mitchell, in 1867. It corresponds to the stage of black vomit and blood disintegration, the delirium, the yellow skin, the hæmorrhagic symptoms. It has failed in some hands, but when properly applied it will do the work. It is probable that if other homœopathic means are employed the cases will never reach the Crotalus condition.

Carbo Vegetabilis.

All concede first place to this remedy in the stage of collapse. Hering considered it a prophylactic. The collapse, the fœtid discharges, the exhaustion are marked symptoms. Dr. Murrell, of Mobile, used the remedy successfully as a prophylactic.

These, then, are the chief remedies, but we have many others that might be termed accessory remedies, such as Lachesis, when its peculiar symptoms are present. Sulphuric acid and Argentum nitricum are also useful in their spheres.

There are some special symptoms that deserve notice. Nausea is frequently present. Ipecac corresponds in many cases, when burning accompanies, Arsenicum, and Dr. Hardenstein, of Vicksburg, found when these two did not work that Cadmium sulphate succeeded. This remedy was used successfully in the stage of black vomit. It seems to stand midway between Ipecac and Arsenicum. Dr. Angell, of New Orleans, used successfully Plumbum acetate for the black vomit. For the hæmorrhagic symptoms, besides Lachesis and Crotalus, Hamamelis should be considered.

The foregoing, with such other remedies to meet special conditions, such as Stramonium, Opium Plumbum, Cantharis, Nux and Gelsemium for the urinary troubles, and such others from our materia medica as may be needed by the symptoms, are all sufficient for the treatment of yellow fever.

It has become, we regret to say, almost a custom with some of our homœopathic prescribers in desperate diseases, as pneumonia and typhoid fever, to fly the coop of Homœopathy, become infected with allopathic measures and apply them. In this

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disease to resort to any other than pure homœopathic prescribing would be to fly from the face of a homœopathic providence which saves 95 per cent. of all cases to an allopathy which in the last one hundred years has saved but 60 per cent.

It would be better for humanity at large could this be done in all diseases.

TUBERCULIN AS A THERAPEUTIC AGENT IN PULMONARY TUBERCULOSIS.

BY A. W. CALLOWAY, M. D., ASHEVILLE, N. C.

While I am a firm believer in the hygienic treatment of pulmonary tuberculosis, and while the ordinary remedies will, in many instances, prove beneficial. there is lacking an effective remedy which directly attacks the tubercular process.

In tuberculin we probably have a remedy, which at least will prove beneficial in certain tubercular cases, by filling the above named place.

Tuberculin Koch, New Tuberculin Koch, and in fact, all kindred products amount to an extract or a solution of the bacilli.

There are slight differences, but it all amounts to the same thing.

The bacilli, we know, are a low grade vegetable growth and tuberculin simply means an extract, much the same as ergot is extracted from the Secale cornutum.

It is not the purpose of this paper to more than outline the application of tuberculin.

Any one who attempts to use it should be thoroughly familiar with the normal pathological exhibitions of tuberculosis, so that should the patient grow worse for a short period while taking the tuberculin, he would know whether the case was being aggravated by the disease or by the tuberculin.

It is not a remedy to be given hap-hazardly, but the results must be studied by weekly microscopical observations and almost daily stethoscopic examinations of the diseased area.

We know that prior to the adoption of Phosphorus there were diseased conditions which were met with other remedies, and is it not altogether possible, that we yet have to fill gaps in our materia medica by new drugs which offer a better similia.

There seems to be an idea prevailing that the present homœopathic materia medica was thrust upon us much the same as Brigham Young's plates, and that it is heresy to add to, take from, or improve on any part of it.

In presenting the therapy of tuberculin one might well expect the hostility of the purists, but surely any Homœopath who vaccinates or employs old school remedies, can have no argument against it.

As a diagnostic agent. it is most valuable. Should physical signs and sputum examinations fail to reveal tuberculosis when present, tuberculin will positively diagnose it.

When injected into a tuberculosis patient it causes a reaction, which is shown by a rise of temperature and which will not occur in a non-tuberculous subject.

As a therapeutic agent, tuberculin is indicated in first and second stage cases, when the daily temperature does not rise over one hundred.

In cases showing more than this fever, it is better to reduce it before giving tuberculin, but even in this class of cases tuberculin will occasionally benefit when all other remedies fail.

The following method is employed in medicinal preparations:

No. 1. First Dilution

Tuberculinum Koch	1.00 c. c.	
0.5% Carbolic Acid Solution	9.00 c. c.	10. c. c.

No. 2. Second Dilution

No. 1.	1.00 c. c.	.01
0.5% Carbolic Acid Solution	9.00 c. c.	

No. 3. Third Dilution

No. 2.	1.00 c. c.	
0.5% Carbolic Acid Solution	9.00 c. c.	.001

No. 4. Fourth Dilution

No. 3.	1.00 c. c.	
0.5% Carbolic Acid Solution	9.00 c. c.	.0001

No. 5. Fifth Dilution

No. 4.	1.00 c. c.	
0.5% Carbolic Acid Solution	9.00 c. c.	.00001

No. 6. Sixth Dilution

No. 5.	1.00 c. c.	
0.5% Carbolic Acid Solution	9.00 c. c.	.000001

For diagnostic purposes, give an injection of one cubic centimeter of No. 3 solution every third day, unless a reaction occurs, until three doses are given.

If no reaction occurs, give one cubic centimeter of No. 2 solution under the same conditions, and should no reaction occur following this, the patient is not tuberculous.

For therapeutics purposes, give on alternate or third days, one cubic entimeter of No. 6 solution for a period of two weeks; No. 5 solution for a period of two weeks; No. 4 solution for a period of two weeks, and finally No. 3 solution for a period of two weeks.

Should a reaction occur after any dose, another should not be given for a week, and it should be the same solution last given, which caused the reaction.

Tuberculin solution should always be used hypodermatically under strict aseptic conditions.

I have never seen a bad result follow and have given a great number of injections.

We do not know how tuberculin combats tubercular processes, neither do we know how vaccine confers an immunity against small-pox; neither do we know how Arsenicum benefits anæmia, when indicated.

My own idea of tuberculin is that it acts under the law of similars.

It requires a thorough knowledge of the manifestation of pulmonary tuberculosis and study of the technique of tuberculin, to adapt the remedy, but I believe any one who will study both will find in tuberculin a more valuable remedy than he has yet employed in tuberculosis.

I have noticed that there is a lack of concensus of opinion as to the number of doses weekly and the strength of the dilution.

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I do not believe that any rule would apply in all cases. It is more than likely that each patient would require a particular time for repetition.

The whole subject is complex and yet I believe any one can, in a few months, determine for himself the value and technique of tuberculin.

We are not fulfilling our full duty to our patients if we become over-conservative in the adoption of the newer remedies.

At least every physician who treats tuberculosis should give tuberculin a practical trial and not stand against it simply on theory.

Surgery.

TUBERCULOUS PERITONITIS.*

BY CHARLES E. KAHLKE, M. D., CHICAGO, ILL.

Tuberculous peritonitis is practically always a secondary condition, the primary infection being found for the most part, according to autopsy statistics, in the lungs, Fallopian tubes or intestinal tract. Borschke in a study of 226 cases found the lungs involved in 200 patients. He says that less than 16 per cent. of tuberculosis subjects have peritoneal involvement. Wothen claims 20 per cent. Cummins[1] in a review of 3,405 autopsy records of four hospitals found tuberculosis of one type or another in 24.5 per cent. plus a healed tuberculosis of some part in approximately an additional 2 per cent. The peritoneum was found involved in 2-7 per cent. of the total, or in 11 per cent. of the tubercular cases. Among women genital tuberculosis was found to be the cause in 40 per cent. Among men only a very small percentage was found secondary to the genito-urinary tract. Konig[2] cites the autopsy findings of Philips and Pribram in which tubercular peritonitis was found in 4 per cent. to 4.7 per cent. of the total.

It must be remembered, however, that these are all dead house statistics, and consequently primary and secondary conditions are often confused. The statistics must be altered, for the surgeon who meets practically only those cases where the tuberculous peritonitis occupies the foreground as a condition secondary to some local focus, usually a tuberculous tube, appendix or intestinal ulceration. The case has not gone on to extensive pulmonary tuberculosis, nor is the case one where the peritonitis is only one of the secondary invasions from an extensive pulmonary or miliary tuberculosis. Most of the cases coming to him are secondary to a tubal lupus, a small percentage to tuberculosis of the appendix or intestine. The Mayos[3] found a tuberculosis localized in the appendix twenty-nine times in 1,888 operations for appendicitis. According to these men tuberculosis of the vulva, vagina and cervix is not common, and tuberculosis of the uterus is uncommon during menstrual life, but, on the contrary, is found before puberty and after the menopause. Tubal tuberculosis is common. J. B. Murphy says that in tuberculosis of the tubes the firbriæ are open and turned out while in gonorrhœa or mixed infection they are turned in and closed.

The age at which this form of peritonitis is most frequently found is between twenty and forty. It is at least twice as frequent in women as in men, according to Butler, or four times according to Mayo. According to Rotch[4] it is extremely rare in early life, the youngest case being fourteen months. It is more common between two and four years, after which it was of only occasional occurrence. After the fiftieth year it is comparatively rare in the females. It is only occasionally found at sixty or over.

"From a pathological standpoint peritoneal tuberculosis is usually classified into miliary tuberculosis with ascites, the adhesive or fibro-plastic, the suppurative or mixed infection, and the nodular. Wunderlich found in 500 cases 68 per cent. exudative, 27 per cent. fibro-adhesive and 4 per cent. purulent. The variety depends upon the purity and virulence of the infection and the resistance on the part of the patient." Mayo.[5])

The Mayos say that ascites seems to have been more common in women with tubal tuberculosis, while in both males and females fibro-plastic forms have been relatively more common where the appendix or intestinal lesion had been the primary focus.

As tuberculosis of the peritoneum is a secondary condition, the diagnosis may be difficult because the symptoms to which it gives rise may be over-shadowed by those of the primary condition. Because the case may be primarily a salpingitis, it may be mistaken for a gonorrhœal or pyogenic infection in the pelvis, or, because it may happen to be primarily in the appendix it may simulate ordinary appendicitis; or, because of the various pictures presented by the different varieties one may suspect an ovarian cyst, an appendicular abscess, a cirrhosis of the liver, or malignant growth of the peritoneum with ascites. The fact of the matter is many cases are found unexpectedly when the abdomen is opened for other causes.

From a clinical standpoint there are two groups of cases, the common chronic form and the rarer acute condition. The acute form begins suddenly, and such cases, as pointed out by Lejars, resemble acute appendicitis. Symptoms sometimes develop quickly after pregnancy. (Da Costa[6] and Kelly.[7])

Although the acute variety resembles appendicitis, a careful study of the history will usually show a series of preceding subacute or chronic symptoms referred to the gastro-intestinal tract, and, in the female, to the pelvis, a falling off in strength and flesh, and the development of an anæmia, signs of little afternoon temperature, etc. There may have been a few colickly pains off and on. Irregular masses or nodules in the pelvis or about the omentum are suggestive. Finding tuberculosis lesions elsewhere in the body aid materially in formulating a diagnosis.

In the chronic variety the development is apt to be very insidious. The symptoms are those of a light chronic inflammation of the peritoneum, local

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or general, a little rigidity, a little pain and tenderness; the latter being more marked before effusion into the peritoneal cavity. There is temperature in all cases some of the time, and sometimes almost continuous. Gastro-intestinal symptoms are apt to be present, such as anorexia, occasional vomiting, diarrhœa or constipation, colicky pain, meteorism, etc. Kelly says: "That 80 per cent. of his cases were in apparently robust health, only 20 per cent. being poorly nourished or sickly." Konig, too, says that many of his patients were apparently in excellent condition. Kelly also says that 28 per cent. of his cases date their trouble back to pregnancy. The abdomen may be distended with a general ascites, or there may be sacculated exudates, or simply nodular masses. If, in addition to the above history, one finds masses in the pelvis, a pulmonary tuberculosis, a pleurisy, past or present, tuberculous glands, or nodules in the epididymus, or an indurated prostate, or a history of a tuberculous joint, or a family history of tuberculosis, the diagnosis is practically certain. Of course, one should never forget that ascites may be due to portal obstruction, to carcinosis or sarcoma of the peritoneum, or fibroma of ovary or pedunculated uterine fibroma, etc., or that the nodular epididymus or pelvic masses may have been caused by gonorrhœa. Kelly says that when irregular pelvic inflammatory masses with fluctuation change in their relation from time to time the diagnosis will be tuberculosis. The evidences in other parts of the body may be distinctly tuberculous and still the abdominal lesions non-tuberculous. Tubercle bacilli may be found in uterine curetting or vaginal discharge. Osler[8] says that where temperature develops in a case of cirrhosis of the liver with ascites look out for tuberculosis of the peritoneum. Kelynack says 10 per cent. of cases of liver cirrhosis have tubercular peritonitis. Sarcoma ordinarily carries no temperature until metastases to the liver or lungs occur. It is more apt to be hard, fixed and retro-peritoneal. The tuberculin test or guinea pig inoculation may prove the diagnosis.

Carcinoma sufficiently advanced to resemble peritoneal tuberculosis will have pulled the patient down rapidly and have already developed a cachexia. Both carcinoma and tuberculosis of peritoneum may have supraclavicular glands on the left side, but there should be the characteristic difference in consistency and feel. In both, the paracentesis (a dangerous procedure) is apt to show bloody discoloration. The carcinoma, of course, is not so apt to have tuberculous lesions in other parts of the body, but is more apt to have a distinctly intestinal or uterine history preceding.

Ovarian cyst is not so apt to be mistaken for tuberculosis as tuberculosis is for cyst. Trouble is more apt to arise if the cyst is fixed by inflammatory adhesions or by carcinomatous infiltration after the papilloma has perforated the cyst wall. The tension and elasticity of the cyst wall is marked in ovarian cyst compared with that found in peritoneal sacculation of fluid. In not a few cases the diagnosis must be made by exploratory laparotomy. In this case the Mayos, in the case of men, make the incision over the appendix; in women, in the median line or at least so arranged as to explore the pelvis.

As to treatment, many cases get well on general medical treatment including rest in bed, hygiene, feeding on concentrated sterilized food, etc., and all acute and many other cases should be given a reasonable trial before operation is decided upon.

Konig and others advise against indiscriminate operating on all patients, and urge the careful selection of cases. The cures reported from the various medical clinics range all the way from 41 per cent. (Schroeder).

Ochsner says that medical treatment offers 50 per cent. of cures, but of these one-half have recurrences. For medical treatment you must get your patient early. He believes that medical treatment should be tried first, this failing, operate. At the operation remove the original focus if possible without disturbing adhesions, otherwise simple incision, and, in some cases, drainage.

As to operative treatment Cheyne reports 53 per cent. of 385 operative cases well two years after operation. Rorsch reports 70 per cent of cures after 358 operative cases. (Douglass[10].) The immediate operative mortality is about 3 per cent.

It is interesting to read the conclusions of F. F. Lawrence[11] who says that "No case of intra-peritoneal tuberculosis should be denied the benefits of operation, no matter how extensive, so long as there is no pulmonary or pleuritic involvement, for the reason that some apparently hopeless cases fully recover. This same author says again: "The surgical treatment is rational, sometimes agreebly surprising in results, and again bitterly disappointing." These statements make you feel the value of Konig's advice to avoid operation as a uniform procedure in all cases.

Goschel's[12] and Wunderlich's experience show "that in about 23.3 per cent. of cases with tubercular peritonitis with exudation, only in 9-8 per cent. of cases with adhesions the patients can be permanently cured with operation. Children recover spontaneously in about a third of the milder, uncomplicated cases."

Faludi[13] after reviewing the literature on the subject concludes that laparotomy is indicated at the earliest moment in cases of ulcero-caseous or fibro-adhesive tubercular peritonitis in children. In the form with effusion general medical treatment should be tried before operating.

Although you can see from what has been said that statistics and opinions differ somewhat as to treatment, the general concensus of opinion is as follows:

1. Very acute cases are not surgical cases. They should at least be put on a general medical treatment at first.

2. Peritoneal tuberculosis, if part of a general miliary or extensive visceral tuberculosis, is not amenable to surgical treatment.

3. The subacute and chronic cases with ascites are the most amenable to surgical treatment.

4. A definitely localized tuberculosis is operative.

5. The fibrous form seldom calls for operation except for complications, such as intestinal obstruction, etc.

6. The ulcero-caseous forms offer a poor progno-

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sis under any treatment, but, if not too extensive, are considered surgical. Some cases recover after operation. The prognosis seems best in children.

7. Most surgeons agree with Douglass that all forms except the very acute are at least temporarily benefitted, and approximately 50 per cent. absolutely cured, by operation.

8. The primary focus should be removed, if possible, without too extensive injury to the surrounding parts.

9. Puncture with trocar is always contra-indicated because of the possibility of visceral injury.

10. General medical, hygienic treatment, offers its best prognosis in just that class of cases in which surgery offers its best prognosis.

11. General medical treatment does less harm in the very acute and in the very severe cases than surgery.

12. Fœcal fistula occurs most frequently in the ulcero-caseous variety where the adhesions have been disturbed. In other cases mostly after drainage.

13. After operative treatment particular attention should be paid to the general hygienic and dietetic treatment.

I wish to report the following cases selected from my records because they represent most of the types described above:

One of my first cases was a little colored boy eight years of age who had a peritoneal tuberculosis with nodules and fluid sacculations in the abdomen and a fœcal fistula at the umbilicus. It was evidently one of the ulcero-caseous variety. As he had a tubercular elbow, ankle and lung, his peritoneum was not opened. Death from general tuberculosis.

Immediately following this case was a severe case of the fibro-adhesive type occurring in a woman twenty-one years of age. She was much emaciated. The tubes were removed with much difficulty because of the extensive adhesions. Gauze drainage was used and fœcal fistula followed, thus prolonging convalescence.

The third case was similar to the second except that there was a large pocket of bloody fluid in the abdomen and the adhesions not very fibrous. The patient had had a pneumonia five months previously resulting in a small tuberculous focus and a slight tuberculous pleuritis with a very small amount of effusion. The abdominal symptoms became the most prominent. The operation was difficult because of adhesions. No drainage was used. Patient sank into coma on the fourth day and died on the fifth. The temperature after the operation was normal until one hour before death, when it reached 102°.

The fourth case was one of complete obstruction of the bowel which came under my care on the fifth day of his illness. The obstruction was located at a point two feet above the ileo-cæcal valve, and was due to adhesions from a tuberculous lumbar gland. The boy collapsed and died within two minutes on the table shortly after the anæsthetic was begun.

One case I had operated on three months previously for acute appendicitis. The appendix was acutely inflamed and covered with a plastic exudate. The tubes were palpated through the wound, and I decided they were normal. Later on she developed symptoms of pelvic distress and an afternoon temperature. The uterus was retro-displaced and slightly prolapsed. I opened the abdomen and found a few filmy adhesions between omentum and pelvic peritoneum, a very few tubercles on the broad ligaments, and a small nodule in the right tube. Both tubes were removed and the patient made a splendid recovery. This patient was twenty-one and in robust health. She had had a pregnancy about one year previously.

Another case was found in a woman of twenty-six, nine weeks after a confinement. There was no infection at the time, but after getting up she developed a progressively increasing pelvic distress and an afternoon temperature. The uterus became fixed, and a mass appeared to one side.

I opened the abdomen, drained a pus pocket and removed two tuberculous tubes. Good recovery.

One of my recent cases was one I operated on in the clinic of Dr. Chislett. The case was a boy, eleven years of age. He had been well, his family stated, up till six weeks previously, since which time his abdomen had become distended and painful, and the boy had wasted rapidly. He apparently had no other focus of tuberculosis. Fluid was marked and distention extreme.

Under the anæsthetic a mass could be felt at the cæcum and another in the neighborhood of the omentum. Incision through the right rectus revealed an ulcero-caseous type of tuberculosis with considerable milky fluid in the abdomen and many severe adhesions. The adhesions were not disturbed, and the wound was closed without drainage. In about a week of fæcal fistula developed. The boy remained in the hospital nearly a month and was then taken to his home, still having his fistula, and not much improved in general health. This case was probably primarily tuberculosis of the appendix.

My other cases have been like one or the other of the above described types, except one. That was probably appendicular in origin, and was confined to the walls of the ileum and colon and to the mesenteric glands, and did not develop a peritonitis. Eight inches of the ileum and the remains of the ascending colon and caseous mesenteric glands were excised. An end to side anastomosis was made and a primary union followed. The patient, who was an emaciated young woman, grew fleshy, and, at the time of his marriage, five years later, was in excellent health. Her tubes were negative, and there was only an indistinct history of "neuralgia in the side" a few years previously, which might speak for a light pre-existing focus in the chest.

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SPINAL PUNCTURE.

BY N. B. DELAMATER, M. D., CHICAGO, ILL.

Synopsis of paper read before the Southern Homœopathic Medical Association at Louisville, Ky.

Spinal puncture is the piercing into the cerebro-spinal canal, either for the purpose of draining out a larger or smaller amount of the cerebro-spinal fluid, or of injecting some drug into the canal.

The objects are palliation, cure and diagnosis.

The technique of the operation is very simple. First, most thorough aseptic preparations. The patient is to be placed on his left side with his lumbar vertebral column strongly inclined forward. Find the space between the third and fourth or between the fourth and fifth lumbar vertebræ, and pierce the skin. In children the median line, in adults about one centimeter laterally from it, at the height of the lower border of the spinous process, or at the height of its lower third. Introduce the needle somewhat upward and medianward and inward until, from the cessation of all resistance, we recognize that the point has penetrated into the subarachnoid space.

Note first the pressure; this can be done without special instrument or by observing how rapidly the fluid comes through the needle. Then the appearance; normally it should be perfectly clear and contain about 2 per cent. albumin.

In cerebral or cerebro-spinal meningitis the withdrawal of cerebro-spinal fluid will relieve the pressure from effusion unless there are adhesions preventing its flow into or from the ventricles.

A considerable quantity may be removed at one time, watching for the first symptoms of faintness when it must be stopped. The operation may be repeated at intervals of from four to twelve hours several days.

If the fluid is cloudy or milky it must be examined for excess of albumin with the microscope for pus or leucocytes or other foreign bodies as malignant cells, also bacteriologically for the cocci and bacilli. Albumin will be increased in congestive hydrocephalic and inflammatory conditions generally.

The presence of pus indicated purulent meningitis, of leucocytes, of purulent inflammation not necessarily of the meninges.

Streptococci, staphylococci or the pneumococci means a purulent meningitis. The meningeo-coccus intracellularis makes diagnosis more certain and adds a suspicion of the presence of the epidemic form.

If the tubercular bacilli is found it is a case of tubercular meningitis.

In serous meningitis, tumor, hydrocephalus or cerebral abscess the bacteriological elements are not found.

In hæmorrhage of the meninges of the brain or cord or into the ventricles, blood or bloody constituents will be found; a possible error, however, is the piercing of a blood vessel in making the puncture.

Increased pressure may result from effusion, cerebral tumor or congestion. Its absence, however, does not necessarily contraindicate either, as it may be prevented by adhesions between the ventricles and arachnoid spaces between the brain and cord or displacement of the foramen of Magendi.

Spinal puncture with injections have been used as a palliative in sciatica and other painful conditions in the legs and pelvic region, the most frequent injections being cocain. The method of procedure differs only in having the syringe loaded with a solution of cocain instead of empty. The result is anæsthesia below the point of puncture.

The injection has been used at various points as high as the sixth cervical. The results have been very temporary, and in many cases followed by serious consequences. I consider it a dangerous procedure.

The results obtained by spinal puncture do not as yet seem to be such as warrant except in extreme cases taking the risk which is considerable. It can only be considered as in an experimental stage.

In well equipped hospitals only we should experiment along this line. Some positive good, therapeutically, may yet be developed.

Gynaecology.

CONDITIONS OF THE ENDOMETRIUM THAT ARE AMENABLE TO SURGICAL TREATMENT ONLY.*

BY HOMER I. OSTROM, M. D., NEW YORK.

From the position of the gynæcologist, the endometrium is the most important structure of the uterus, for while the musculature is intimately associated with the development of the pregnant uterus, with parturition, and with involution, its mucous lining is physiologically concerned with menstruation and impregnation, and pathologically with the genesis of the most serious maladies in the whole range of gynæcology. The epithelial cells of this membrane give rise to a very large percentage of the malignant diseases of the uterus, and no structural changes, though originating in other tissues, can exist very long without involving the endometrium. The reason for this is not far to seek; we have only to turn to the function and construction of this tissue for an answer.

Pathology finds its prototype in physiology, and so in the spasmodic function, and enormous pro-

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liferation of cells that occurs at menstruation, and during decidual formation, with the opportunities for erratic development that present with the processes of involution, and in the normal transition of cell types that exists in the several parts of the uterine canal between the external os and the fundus, are found etiological factors that predispose to errors in cell proliferation, and tissue building, and conditions favorable for the development of the lawless histology that is associated with malignant neoplasms.

The etiology, however, of the diseases that have their genesis in the endometrium is not at present under discussion; we will turn our attention to the practical question. What are the diseases of the endometrium that are amenable to surgical treatment only?

What is understood by surgical treatment? Broadly, it may be made to include any method that is not internal medication, and that does not enlist dynamic force, but more narrowly, and within the meaning of this inquiry, I refer to surgical treatment as an operative technique, having for its object the removal of the diseased structures, recorgnizing that they are either beyond the reach of dynamics, or that their presence is a menace to health, or even to life.

We have seen that the structure and function of the endometrium lend themselves to errors in histogenesis, and to perverted activity. Nature has provided against this in the process of involution which follows parturition, and to a lesser extent, menstruation, and the physiological transition of the uterus is usually sufficiently impressed to insure a complete return to the quiescent stage. But through many causes, dyscrasia, and trauma, congestion and inflammation, with consequent excessive cell proliferation and hyperplasia, resulting in catarrh—leucorrhœa—are of frequent occurrence.

This pathology and the resulting leucorrhœa is usually controlled with hygiene—many time sadly neglected—internal medication, and possibly local applications; and, while upon the general hypothesis that the local condition is abnormal, the fact that a large percentage of women suffer with some degree of genital discharge without apparent detriment to health, perhaps may be offered as an excuse for disregarding the necessity for persistent treatment until a cure is effected.

I believe that such a course is not in the best interest of the patient. No group of symptoms that has for its cause an abnormal and erratic cell proliferation, so significant in pathology, should be neglected. No mucous membrane that is situated in a part of the body especially prone to pathological degeneration, can with safety be overlooked when there are indications of continued abnormal functional activity. We should always assure ourselves of what we are dealing with, and by its timely cure, avoid the possible development of a more serious malady. The physical examination, especially of unmarried women, is, of course, to be deprecated, and avoided, but no consideration can weigh against the advantages gained by the knowledge of the condition of the uterus, and the adnexa that is impossible without such an examination.

Certain phases of activity of the endometrium will always serve as notes of warning. The admixture of blood, even in small quantities, to a genital discharge, indicates a profound disturbance of cellular equilibrium, and when this discharge contains pus cells, we realize that a destructive histogenesis is added to an increased functional activity, which represents the ordinary uterine or vaginal catarrh. A sanguineous, purulent discharge from the uterus should never be neglected. Its cause must always be ascertained and removed by the method that best insures a cure.

When it is found that a malposition of the uterus, congestion, defective portal circulation, adnexal disease, or other causes exist that may interfere with uterine drainage, and so induce capillary oozing from the endometrium, the case may still be within the range of internal medicine, but should there appear to be no signs of yielding to treatment, more active measures must be adopted, for even though the cause can be reached by other means, the endometrium has probably by that time become so far deranged as to require very radical treatment for its cure.

This will be, *first,* curettement. Scraping of the uterus may be done with one of two objects in view—diagnostic, or curative. For diagnosis it is most useful, but we lose some of its value by not selecting the cases for treatment, and by faulty technique in those in which it is used.

The impropriety of curetting the septic uterus has been so thoroughly discussed that it need not engage our attention at this time. There is nothing to remove, and denuding the absorbents of their protective covering is an added source of danger.

Merely because a uterus is bleeding does not make it incumbent upon us to remove its endothelial lining. We must not fly at once to curettement, it is a mutilation, and requires a repair of tissue that should not be demanded unless necessary. The legitimate use of the curette for diagnosis is in cases that have existed a length of time, and that have not yielded to reasonable treatment; acute diseases of the uterus should never be curetted with a few exceptions,—hæmorrhage persisting after parturition, retained placenta, sapræmia, which is also due to retained secundines, or hæmorrhage recurring after the cessation of the lochia, frequently deciduoma malignum.

We may, therefore, establish as a working hypothesis that acute uterine hæmorrhages unconnected with the puerperium do not call for a diagnostic curettement. This should be reserved for cases in which the history is suggestive of more than a simple condition, that will be amenable to regulated hygiene, and restoration of the blood and lymphatic circulation of the pelvis.

As to the method. If diagnosis is the sole object, it is obvious that this can be accomplished by the removal of a minimum quantity of tissue. Aseptic precautions should be as exact as for a more extensive operation, but it is not necessary to curette the entire surface of the uterus for the purpose of diagnosis. A small area is quite sufficient. For a satisfactory examination, however, the mass removed must include more than the superficial tissues;

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as the pathology of the endometrium may involve deeper structures, the scraping should go below the mucous covering, for here the glandular involvement will be more clearly demonstrated.

The questions of curetting for diagnosis and for treatment will frequently overlap each other, and it may seem advisable at times to thoroughly remove the endometrium when the operation has diagnosis for its primary object.

If the hæmorrhage is so profuse as to suspect general involvement of the endometrium—unless the cervix is the seat of the disease, and this can usually be demonstrated by a vaginal examination, profuse hæmorrhage will come from the cavity of the uterus—curettement will be done for treatment as well as for diagnosis, and should cover every part of the cavity, removing the entire mucous surface, down to the musculature. The pathology usually encountered is a fungoid endometritis, excessive proliferation of cells and multiplication of blood channels. This growth possesses the power of continuous development, and, therefore, it is essential to remove every portion of it, even a small spot remaining may serve as a focus for later development.

To insure thorough removal I find it convenient to follow a systematic course in going over the surface; I attend especially to the cornua, using for the purpose a small curved instrument, for in the horns of the uterus, even extending into the Fallopian tubes, fungoid tissue is liable to exist, and unless great care is observed, may easily be overlooked and prove a point from which the pathological process is repeated.

The importance of treatment after curetting is not to be lost sight of. Surgically, the conditions do not differ from those that present after a similar treatment of other mucous surfaces. We will encourage repair of the normal mucous tissue as rapidly as possible. But we will do well to heed this difference; endometritis is usually caused by an infection, and there is possibly an especial disposition to excessive proliferation of cells during the process of repair. Our local applications, therefore, after denuding the cavity of the uterus, will combine two essentials, they will induce healthy repair, and at the same time preserve the asepsis under which the operation was performed. Nothing in my experience has proven more satisfactory than Iodine and Carbolic acid in equal proportions. With this I gently swab the uterine cavity. Drainage is not necessary if the cervix has been well dilated before the operation.

There is a form of endometritis that may at first deceive us and lure us into a false sense of security. I refer to that which is characterized by hyperplasia of glandular tissue, and marked irregularity of structure, as well as by the endothelial proliferation already noted. These cases are not cured by curettement alone, and are the ones that relapse after operation. Repeated curettement serves rather to stimulate the neoplastic energy,—for we may with propriety regard the pathology as neoplastic,—and each removal is followed by a more rapid growth. The microscope is essential to diagnosis, but I always suspect a deep and grave tissue involvement when the mass removed is unusually dark in color, sometimes almost purple, and has the appearance of decidual membrane. Such cases will not be cured by curettement, cauterizing, or, I believe, by cataphoresis; too recent a claimant for favor to be entitled to much confidence. The increased vascularity of the interglandular stroma, the glandular hyperplasia, the glands being tortuous and dilated, penetrating the deeper layers, indicate an unmistakable step towards neoplastic formation that will resist the most extensive scraping. The process is a chronic one,—chronic interstitial endometritis with possibly endocervitis—but its tendency is to further deviation from normal histogenesis, and is so dangerously near the malignant line that removal of the diseased organ is the only safe course to follow.

We are thus brought to the *second* surgical method of treating diseases of the endometrium—hysterectomy; it is radical treatment, but justified by the frequency with which less drastic measures have resulted in the development of ineradicable disease. The involvement of the glands of the cervix especially, or of those of the fundus, as shown by curettement, is alway to be looked upon with suspicion, and together with other evidences of lawless cellular proliferation and arrangement forces the question of the advisability of hysterectomy in the hope of anticipating further, and possibly malignant degeneration.

Though strictly speaking not a disease of the endometrium, the maternal structures being invaded from the fœtal syncytium, deciduoma malignum may with propriety be included in the present discussion of hysterectomy, for the reason that metrorrhagia will lead to curettement, and the diagnosis of deciduoma malignum so established must be followed by a hysterectomy. The appalling mortality of this disease is discouraging, even after the most prompt and radical treatment, but removal of the uterus is all we can do. Were we in a position to diagnose and curette away the diseased fœtal membrane before it contaminates and invades the uterus, the prognosis would be more favorable, but this does not at present seem possible. The disease is not sufficiently common to justify us, in the absence of other conditions, to curette after every abortion or vesicular mole, and we, therefore cannot avail ourselves of a laboratory diagnosis until the pathology has probably ceased to be local, and its malignant potency has disseminated itself beyond the certainty of surgical resources.

Complete hysterectomy, including the adnexa, broad ligaments, and as much of the pelvic peritoneum as possible, is the only treatment that offers the least prospect of success, and because of the few cases that are cured, we should give our patient the benefit of the doubt, and unhesitatingly insist upon the operation. Without it she will die, with it she may live.

When available, the vaginal operation has much in its favor. Shock is less severe, as there is a minimum handling of the abdominal viscera; it consumes less time, and convalescence is more rapid, but on the other hand the abdominal route offers a wider field for examination, and manipulation, and

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to these essentials should be given the preference in operations undertaken with the object of removing the uterus and its adjacent structures for malignant diseases.

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Psychiatry.

INSANITY AND IMMIGRATION.

BY G. F. ADAMS, M. D., KENOSHA, WIS.

The present prosperity of our country is evident to all the world. From the remotest quarters of the earth people are leaving their native lands and emigrating to the United States. When we consider that more than one million immigrants came to us during the past year, is it any wonder that the President devotes a portion of his annual message to Congress to this subject, and strenuously urges that something be done to stem the tide so as to skim the scum from this great wave that threatens to swamp our ship of state.

We have absorbed and assimilated during the past fifty years an immense foreign population, and our nation has grown strong and prosperous. We are a world power to-day, but what of the future? Can we continue to provide for ten million more foreigners in the next ten years?

As physicians I want to call your attention to a phase of immigration that is not touched upon in congressional debates, or by editorial writers to any extent, and that is the relationship of insanity to immigration.

From a very recent special report of our United States Census Bureau on the Insane in Hospitals and Institutions I am impressed that insantity is on the increase. The evidence is too strong that the number of insane persons grows larger year by year, to be disregarded as an idle threat, or as a gross exaggeration of the true facts of the case. Indeed the increase of insanity is a dread actuality which has to be looked squarely in the face, and so far as possible, measures devised to check its further progress.

The census returns since 1880 show that the rate of increase of the insane in the United States is greater in proportion than the increase in general population.

During the year 1904 more than 49,000 persons were committed to hospitals as insane, and during that period 41,000 were discharged.

The actual increase in the insane population, confined in hospitals and institutions, for the year was nearly 8 000. According to this same report there are over 148,000 white insane in hospitals in the United States. Of the whites, at least ten years of age, in the general population of the United States in 1900, 80 5-10 per cent. were native, and 19 5-10 per cent. were foreign born; while of the white insane of known nativity enumerated in hospitals, 65 7-10 per cent. were native, and 34 3-10 per cent. were foreign born. Relatively, therefore, the insane are more numerous among the foreign born than among the native.

When we consider the foregoing statement, it might naturally be expected that a similar condition would be found among the native whites of foreign parentage, although the figures in most instances indicate that the native white of foreign parentage contribute a relatively larger number of insane in hospitals than the native whites of native white parentage. This fact has, accordingly, a bearing upon the comparative liability to insanity of the two classes. The truth is that the native whites of foreign parentage are still too youthful to furnish the number of insane proportionate to their representation in the population.

Immigration at the rate of a million a year is of too recent origin to make it possible to demonstrate with any degree of exactness, from the census point of view, how far insanity occurs with the class of immigrants that we have recently been receiving.

When we find in our census report that Ireland furnished only 15 6-10 per cent. of all foreign born in the United States, and 29 per cent. of all foreign born white insane enumerated in hospitals, it should cause us to give the insane immigrant very serious consideration. When, approximately, 30 per cent. of the population of a great State like New York is either foreign born or of foreign parentage, and nearly 60 per cent. of the insane population is either foreign born or of foreign parentage, it is something of a shock to us. Among the foreign nationalities the Irish contribute the greatest part to our insane hospital population, and the Canadian the smallest.

It will be seen that the mental equilibrium is more frequently upset in the instance of highly organized nationalities, that is, they show less ability to withstand the shocks of new environment and the pressure of untoward economic conditions..

Yet, according to the above theory, the Canadian should be less liable to insanity than the native of the United States; notwithstanding the ratio of the insane in Canada exceeds the ratio for the United States. This rather striking discrepancy may be due to the fact that some nations are represented in the United States by the best of their stock, while others send over the least fit.

Let us analyze some of the conditions that a foreigner has to face when he takes up his residence in this country. For instance, the Irishman. The Irish have contributed largely to the upbliding and glory of the United States, and yet the census report tells us that we have more insane of Irish parentage than of any other foreign type. If there is any one thing an Irishman hates, loathes and despises in Ireland it is a landlord, and yet when he takes up his residence in this coupntry, it is about his first ambition to own a piece of land. If he had continued to live in Ireland, his life would have been quiet and followed along the same line of his ancestors, just hating the landlord, but never becoming one himself. With great opportunities, and his attempt to grasp opportunities, his mental poise is lost, and be becomes a resident of the insane hospital.

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This possibility of a similar state of affairs with

the natives of other countries may work along similar lines. When we consider the large number of insane that Great Britain and Ireland, Germany and Scandinavia have given us, and the immigrants from these nations make the stable, solid, desirable citizens in this country, what have we a right to expect in a few years from the hordes that are entering our ports from South Europe. The Italian, the Hungarian and the Slav have been with us too short a time for us to gather reliable statistics of their mental instability.

It is considered a fair estimate that twelve years is the average life of an insane person, and $600 per year is a very low estimate of the cost of supporting an insane persons. We certainly have a grave economical condition to face when we stop and consider and do a little figuring with these facts in our possession.

What has the future in store for our country? From the view point of the alienist immigration has a most important bearing on the increase of insanity, and with a two to one increase it is placing a burden upon us that we should avoid, if possible.

It would seem to me that all physicians should bring to bear on their representatives in Congress and their United States Senators this view of the case, and try to have a reasonable and just regulation of immigration established.

We may be reaping the wind at the rate of a million a year, and our children will gather in the whirlwind.

Therapeutics.

RADIUM.

BY HORACE T. DODGE, M. D., DENVER, COL.

The history of the chain of experiments which led to the investigation of the Becquerel Rays and the subsequent discovery of Radium, is an interesting one and includes the researches of some of the leading scientists of the world. Among them are Roentgen, Crook, Tesla, Goldsmith and many others.

Some of these have been studying the phenomena produced through the agency of vacuum tubes, while others showed that phosphorescent phosphide of zinc penetrated black paper and affected a sensitive plate, and Prof. Niewenglowski was the first to use a thin sheet of aluminum instead of the usual photographic plate-holder. On this he placed four squares of glass covered with a layer of calcium-sulphide, and over all he used a jeweller's glass bell; the whole was allowed to remain in a darkened room for nearly twenty-four hours.

The negative, upon developing, showed distinctly the squares of glass and bell cover, which had been photographed through the aluminum plate, a metal heretofore supposed to be opaque to light.

Prof. Becquerel subsequently, while investigating the effect of phosphorescent substances on photographic plates, covered with black paper, similar to those used in X-ray work, exposed various uranium salts in order to find their action on film, in daylight. On one cloudy day, in testing a sample of double sulphate of uranium and potassium, and not getting the desired results, he placed his plate containing the salts in a drawer until the weather should become propitious. After a few days, he thought of his plate, and upon its removal he was astonished to find a well-marked impression upon it, made without the aid of exposure to sunlight.

This led to the discovery of the remarkable rays which bear his name.

Some time after, Mme. Curie, of Paris, investigated the Becquerel radiations from uranium contained in pitch-blend. In experimenting, she found that some samples were more powerful than others, i. e., the radio-activity of the residue, according to the electroscope, was greater many times after the uranium had been extracted from the pitch-blend. She concluded that the Becquerel radiations were the result of some unknown substance in the ore, and after a most difficult search, discovered a substance associated with bismuth, which it very much resembled in chemical characteristics. To this new product she gave the name, "Polonium," after her native land, Poland.

Polonium is one of the five radio-active elements, though it does not retain its activity very long. Continuing her labor, she succeeded some time after in isolating a substance unlike anything seen or heard of before and to this she gave the name "Radium" on account of its peculiar properties of light rays.

Radium is being analyzed, and man will soon better understand the laws which control the vital forces. All the work of the past century laid the foundation for the discovery of Radium.

It is said that great discoveries are made, not found. So it is with any great achievement in science, art, medicine or literature. All have risen by hard labor and painstaking investigation, and this is specially true of radium.

There is more gold in sea water than there is radium in pitchblend, and it cannot be obtained by ordinary methods. The process is not only complicated but laborious.

At first three months was required to complete the process of extraction, but it can now be accomplished in one month. The cost of handling a ton of ore is two thousand dollars. The source of supply of pitch-blend from which radium has been extracted is somewhat limited, and it is said some of the principal mines have refused to supply the ore only for experimental purposes, and it is evident that the intention is to establish a monopoly of the market, and keep up the excessive price upon the product. This will not be possible, for Colorado offers some excellent pitch blend and carnitite, both uranium ores, which, according to Mr. O. J. Adams, are very rich in radium.

Uranium is used as a basis in measuring the radio-activity of other bodies, and when a substance is said to have a radio-activity of 1000, it means that it is 1000 times more powerful than uranium; polonium, actinium, thorium and radium all have this wonderful property in different degrees, but radium possesses a million times greater power than the others. Radium is a metal, but does not exist as such, and has never for any time been

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isolated. It is impossible to preserve it in the pure state, for it immediately becomes oxidized and is lost.

We find it in commerce in the form of minute crystals or powder of a whitish or gray color, which come to us in sealed glass tubes or bulbs. The higher activities are luminous, and in a constant state of agitation. Chemically, the product is a bromide or a chloride or radium. The atomic weight has not been fully determined, but it is between 225 and 258. It is the heaviest known substance. The rays emitted are of great value as a curative agent, the behavior of which is now stimulating investigation of the scientific world.

They are of three kinds, and are called Alpha. Beta and Gamma, after the first three letters of the Greek alphabet. The Alpha and Beta rays are thrown off by uranium. The first, or Alpha, are more in quantity than either of the others, and they are most important in the ionization of gas. They are repelled by the magnet, and are supposed to consist of hydrogen; they do not penetrate glass as do the others.

The second, or Beta rays, are more penetrative than the Alpha, and are the same as the cathode of the X-rays, and are negatively electrified electrons, each consisting, according to Prof. Thompson, of a thousand minute corpuscles. These particles of atoms move with the greatest velocity, like the comets, approximating 70.000 miles a second.

Unlike the Alpha rays, the Beta are attracted by a magnet. The Gamma are those rays which are most penetrating, passing through wood, metal and other substances easily, likke the Roentgen or X-rays.

Prof. Rutherford says the Gamma rays consist of longitudinal vibrations of ether. Besides these three rays, radium is continually throwing off an emanation, and atlhough in constant activity, its weight remains, apparently, the same, at least so far as can be determined by experiment.

Radium has the property of imparting its emanation to almost all substances with which it is surrounded. It ionizes the air, makes radio-active wood, metal, water, clothing and the human body; in fact, it electrifies everything in which it comes in contact, but in many instances the activity disappears in a short time, while others have been known to retain their radio-activity for thirty days. This peculiar power which the higher potencies possess in a marked degree, make it extremely dangerous to handle, and Prof. Curie was burned so severely that she was unable to dress or undress without assistance. Mr. Edison was also injured while inadvertently carrying a tube of the product about in his vest pocket.

A singular feature of a burn from radium is that the integument does not appear to be affected until days, perhaps a week after exposure; its escharotic action develops slowly, and the ulcer is very difficult to heal. Animals exposed to its direct action lose their hair, become blind and die. While the weaker potencies cause the hair to grow more abundantly, and promote its development, which is due undoubtedly to the electrical action of its light rays. We can distinguish a beam of light, but the visible is a small fraction of the invisible ray, which is known to exist. The revelation of the composition of light by the spectroscope and the different colors which make the perfect white light, their length, waves and vibrations and their peculiar action upon material bodies, their behavior in the presence of some forms of matter and the property of transferring energy from one medium to another, are now questions of the utmost importance.

For example, fly's eggs develop more quickly under blue and violet glass than under red, yellow, green or white. Violet acts favorably on silk worms, and maggots develop more quickly in meat exposed to the light than in the dark. Sucking pigs and calves do better in the violet rays; ants and bees distinguish colors, and bed bugs take shelter in the dark, as they are especially sensitive to the short-wave violet rays, while they will linger long in the long-wave red rays. Butterflies prefer the blue and violet rays.

Some rays of light may be converged or dispersed by properly constructed lenses, but are not influenced by the magnet. The rays emanating from what has been supposed to be minute particles of matter floating in the air, as, for instance, the light from the tail of a comet, and the phenomena which occasionally exists after the eruption of a volcano, has been shown to be minute particles of hydrogen. These rays are penetrative to many substances that are opaque to ordinary light, and are influenced by the magnet.

These flying particles or ions, as they are termed, travel rapidly through gas but slowly through liquids. They are energetic bodies, being able to propel light machinery, to heat metal to redness (even platinum), and they penetrate, as is well known, thin sheets of metal. They are not atoms of matter, as was at first supposed, but portions, bits as it were, chipped off the atoms, and represent about one one-thousandth of that of a hydrogen atom, and they move at great speed.

This discovery, according to Prof. Thompson, of these electrons, constitute the highest achievement in the world's experimentation during the beginning of this century. Electrons have been shown to be thrown off from negatively charged bodies, and when shot into the air, they ionize that air for a time and render it electrolytically conducting. Their pertubations are interesting, and they are the most definite fundamental and simple unit we know of in nature. They are said to be the basis of all matter.

It is the peculiar action of these electrons which are responsible for the excitation of ether waves, or the production of light, and it is probable that there is no other source of light except this change in the motion of electrons.

There is no loss of energy, but so far as can be seen is permanent and eternal. If it does decay the process is so slow that it cannot be computed by ages. This phenomena constitutes the spontaneous radio-activity discovered by Becquerel, and extended by the researches of Prof. Curie.

It is explained by Prof. Rutherford, as a flinging away, with great violence, of highly electrified bodies which are easily stopped by any substance,

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causing them to ionize the air, and generating quite a perceptible amount of heat, producing a flash when they strike a suitable target. Their speed is greater than the fastest star. This bombardment goes on without cessation, and there is reason to believe that a small particle of radium has the property to emit these energetic projectiles indefinitely, possibly for hundreds of years.

A remarkable fact connected with it is that the substance thrown off is one differing in kind from the elementary form of matter, and it has been determined as hydrogen gas. It has long been supposed that changes are constantly going on in matter about us, the transmutation of elements has been revealed, vaguely perhaps, by the telescope and spectroscope, and this evolution, although not clearly discernible, has been admitted by the most advanced investigators.

All heretofore has been speculative, but it is now made clear before our eyes, and it is a solution of the problem, the missing link in the chain to complete the process of repair and waste. There is a regeneration as well as degeneration; a constant rebuilding but no diminution of the total amount of matter. The activity seems constant, if the substance, which is radio-active, is removed, a fresh supply makes its appearance. Possibly the entire universe is governed by the same laws.

We are told by astronomers that the whole planetary system is subject to flux. We see suns in various stages of formation. They rise in health, and in the height of their activity, maintain a number of planets, and after a certain time, begin slowly to decay. What actually happens is conjecture, but after a time the forces of regeneration are started and they begin the process of repair. Each atom contains the attractive and repellant power.

The behavior of the repellant force of light and its action upon small particles of matter is remarkable; it will overcome gravitation where the bodies are small, and it has the property of making fluorescent the human body, which, when made radio-active through the emanations of radium, confer upon it the healing principle.

Its effect upon diseased tissue is beneficial and permanent. Note the tonic action of light upon the skin, when the clothing is removed. The pores seem to inhale, and undoubtedly do, not only air but light, and the wornout tissues and organs are regenerated in the same manner as the solar system. Light in the hands of skilled therapeutics is accomplishing wonderful results, and the trend of the best thought is along these lines.

Dr. Hebar Roberts says: "Those whom you may have read as abandoning radium are the class who have never used it." It is to-day 50 per cent. higher than it was twelve months ago. One milligram, 1-65th of a grain, is worth, in Paris, 400 francs, or about $5,000 a grain. This, of course, applies to the 1,800,000 potency, or radio-activity.

We have postitive knowledge of the chemical atom being divisible into many millions, and the talk of trituration having potency is well proven. These divisions with their material invisibility go on insidiously to repair.

Sir Oliver Lodge was the first to suggest the internal administration of radium, and Dr. W. J. Morton is the originator of an apparatus for preparing radio-active water.

We find that radium is a specific for cancers, ulcers and tumors, situated so they may be treated by application of the agent to the affected parts, and it has been used successfully in the treatment of nervous diseases, rheumatism, paralysis, insanity and those complaints which are caused by running the human machine at too high rate of speed, causing a breaking down of the various organs and tissues of the body, and a consequent early decay of the entire human economy.

Sir Alan Reeve Manly tells before the British Medical Association of a case of rodent ulcer of a man seventy-six years of age, who had been suffering for ten years with no relief; after the application of radium for thirty minutes a distinct change could be seen; after a renewal of the treatment for thirty days a complete cure was effected.

Dr. William Dieffenbach cured five cases of cancer by dipping celluloid or hard rubber rods in a solution of radium, and inserting the rods into the diseased tissues.

Dr. Roberts says some cancers are permanently cured, some cancers are apparently cured, but all cancers can be relieved of pain, fetor and discharge. Radium has a drying effect upon all tissues, and it suggests itself in all such conditions.

Prof. Metzenbaum, after a period of two years, arrives at the following conclusion in regard to radium: small cancers, ulcers and tumors respond readily to the action, provided the radium can be brought into intimate contact or close proximity to the diseased area, and the beneficial results up to the present time have been gratifying, and especially when using a low activity, costing but a few dollars, and in many instances, equally as good as when a very high activity was used, costing several hundred dollars.

The theories regarding the action of radium are different, and as yet unsatisfactory. Prof. Curie thinks that the radium utilizes certain invisible rays which are passing through space, and converts them into the energy with which it is associated.

It is the opinion of Sir William Crooks that radium makes use of the surrounding elements. Sir Arthur Rucker, in an address before the British Association for the Advancement of Science, says: "It is due to the energy furnished the radium by sub-atomic changes." Others claim that radium is such a heavy body (225 to 258) and so complex and unstaple, that the atoms are in the process of breaking down into simpler forms. This breaking down is associated with great energy, chemical change, heat, light, etc. The radium becomes helium or some other element.

The study of radium is gradually determining the most momentous questions of the day, and is continually revealing to us the proof of what has been in dispute by some of the leading scientific minds. It has rendered necessary a revision of the atomic theory, and it is daily illuminating obscure phenomena, which heretofore has been impossible.

It is more than a curiosity, it is a necessity. Universities and medical schools will be compelled to

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secure it for use in the chemical and physical laboratories. Scientists and investigators are recognizing its value in experimental work, and physicians of advanced thought are now inquiring where it may be obtained.

Radium has come to stay. It has a place which cannot be filled by anything. The number of analysts able to isolate it are few. It cannot be done by chemists or assayers, in the ordinary pursuit of their vocation. It requires a peculiar apparatus and a fitness for the work. The process is tedious. Many claiming to have made it are charlatans.

However, radium of a high activity will be produced before long in Colorado, and the price will be within the reach of all.

No. 25 Jacobson Building.

Correspondence.

LETTER FROM MONROE, OF FLORIDA.

Miami, Fla., December 12, 1906.

Editor Medical Century:

I left Louisville, November 14th. The night of the 13th I was given a send-off by the faculty of the Southwestern at the old Inn, in the banqueting hall, at the long table, under which about ten pairs of select legs reposed on a never-to-be-forgotten evening last October, and I have always thought since then that Delemater, Bailey, Dewey, Orrin Smith, Stout, Wilson, Eltinge, Keller, and Moth were the best bunch of story tellers in the profession, not even excepting the great and only Walton. Not a dry, long-winded fellow in the lot.

It occurred to me the next day that my banquet was on the thirteenth, and there was thirteen at table. A questionable send-off for a superstitious man. There was Meredith, Coon, Hollingshead, Neff, Bryan, Askensted, Erni, Eltinge, Wunderlick, Baldwin, Hazer, Monroe, and Clendennin.

Clen, the gentleman with the sun-kissed hair, the eminent sulphur patient, was the last to sit down, so upon his brilliant head be the hoodoo.

I arrived at Jacksonville the next morning, and was met at the train by Dr. Harry Stout (not very hairy and not very stout). He drove me to his beautiful home on Monroe street, named after me (several years after me). Dr. Stout is happy and prosperous, living an ideal life, surrounded by his children and his beautiful grandchildren, for in sooth the "Bishop of Florida" is older than he looks, and is not the lissome, frisky, frolicksome young thing at home that he is at Louisville.

I had to remain in Jacksonville one day to take the State examination, and stayed several days longer just to get even with Stout.

Dr. Stout and Dr. Chas. Johnson are the homœopathic examiners for Florida, and the bearers of our standard in the city of Jacksonville. They both stand high, professionally, and Dr. Johnson is at the head of the Masonic fraternity of the State. So that Jacksonville, which has always been the port of entry to Florida by land or by water, is also the port of homœopathic entry as well.

I took my examination in Dr. Johnson's office, and was reminded by the doctor's courtesy and confidence in leaving me alone with his text books while he went to see a patient, of a story I once heard Dr. David N. Yandell, the eminent southern surgeon, tell. Dr. Yandell said: "The most polite man I ever met was a Kentucky farmer at whose home I once stopped while hunting. This gentleman upon our return from the field would offer me a drink of the State's most celebrated product. The whisky would be in a stone jug, he would give me a tin cup to pour it into, and he would turn and look out of the window while I was pouring it."

Seriously, this examination is the most common sense one I have ever had knowledge of. It is entirely practical, not difficult for a man who is equipped for the practice and ready to do us honor in the State, but it is one that an incompetent or undesirable applicant cannot pass. I state this thus fully because I have heard of some good men who were deterred from attempting it for fear of a failure to pass. The homœopathic port of entry to Florida is in good hands, praise to the Lord for that.

On my way down I stopped one day at St. Augustine, that quaint old world Spanish city of tradition and atmosphere in every good sense.

There I had a pleasant visit with Dr. Lindsley, a graduate of Hahnemann, of Philadelphia, who upholds with credit the homœopathic standard there and gets his share of practice with the wealthy tourists who stop at the Ponce de Leon and the Alcazar, the two great hotels, which form part of the chain of mammoth hostelries that line the east coast, all built by Henry M. Flagler, that wizard, whose touch has converted a wilderness into the world's winter play ground. The journey from Jacksonville to Miami is three hundred and sixty-six miles, along the East Coast R. R., and traverses almost the entire eastern sea border of Florida, Miami being the most southerly city upon the main land of the United States, being in a straight line less than two hundred miles north of Havana. The scenery is variegated. You pass in rapid succession pine woods, sand waters, swamps and groves of tropical fruit trees, oranges, grape fruit, date palms, cocoanut palms and bananas. The country seems filled with cranes, wild duck and other water fowl, who pay little attention to the passing train. The sand fills your eyes, your ears, your mouth, and sifts into your hair and your shoes. And what of Miami, the great winter home of the wealthy the leisure class and the sick.

It is remarkable that Florida contains at once the oldest and the youngest city in the United States.

When I say "the youngest," I mean the youngest that conforms to all of the mural conditions, daily papers, electric lights, mail delivery, water works and sanitary system of sewerage. The building of the Royal Palace Hotel and the completion of the East Coast R. R., events which were about contemplated and occurred ten (10) years ago, mark the birth of the city.

Miami now contains six thousand residents, and during the season this number is augmented by

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the four thousand and odd tourists, many of whom own homes here. It is thought that many of the tourists who would ordinarily go to California will come to Florida instead this winter, further augmenting that number. The climate of Miami is almost ideal in every respect, the thermometer skinning the shortest range of any southern point, rarely ever descending to freezing point, once in years perhaps, proven by the tropical vegetation, and never rising higher than ninety, summer or winter, and there is always the breeze from the bay. The town is bounded in the west by Biscayse bay, a natural harbor and a beautiful body of water, that mirrors the bright sunny skies of the day time and the silver moon of the night. At the south and east is Miami river, forming a crescent around half of the town.

The bay is at all times filled with pleasure craft and the river lined with the yachts of the winter residents, with all kinds of motor boats and with the larger fishing crafts.

The docks of the fish exporting companies are along the river front, and many carloads of Spanish mackerel find their way from this point in the refrigerating cars to the northern cities. Quite large steamers ply between Miami, Nassau, Key West and Havana. The bay is not as yet deep enough to admit the very largest ships, but the government dredges are gradually removing that obstacle.

Apropos of this an engineering feat only second to the Panama Canal is going forward from this point as headquarters, under the inspiration of Henry M. Flagler. I speak of the extension of the East Coast railway, the chain of "keys" or islands forming the Florida archipelago to Key West, a distance of one hundred and twenty-eight miles along the open sea. Many of the trestles reaching from one island to the other, being miles in length, one connecting link being as long as fourteen (14) miles. This great work is of more practical interest to us than the Panama Canal, for the reason that it will surely be completed, making it possible to go to Key West by rail and across to Havana, a pleasant twelve hour trip.

The soil of Miami seems to be a coral formation, as hard as rock, in fact, it is rock. So hard is it that the palatial Halcyon Hall is built of this material. To examine this stone closely it seems to be composed of myriads of small sea shells, mollusks welded together by a sort of sandy connective tissue, hardened into enduring stone by the alchemy of the ages.

This soil is porous, and while holes must be blasted in its surface into which orange trees and other trees are planted, they seem to grow and prosper, seeming to derive their nutrition from the air and surface soil, their roots spreading in circumference rather than depth like the mercurius ulcer. In connection with this I noted that the trees blow over or rather bowled over by the recent great storms have no tap root whatever. There are in the surrounding country many fertile spots of soil made by the decay of leaves and timber, upon which early vegetables are raised most successfully.

The rock of the east coast after blasting, breaking, pounding and rolling makes ideal roads and streets, and it is now possible to go from here many miles in every direction upon roads as smooth as asphalt. One of the favorite roads for automobiles and bicycles is to Palm Beach, sixty-five miles, perfect all the way. This together with the flatness of the country and the high price of horse feed has made the wheel the king. And every one rides, rich, poor, male and female, old and young, black and white, silver haired old ladies and rotund matrons.

Miami river is navigable for pleasure boats for four beautiful, picturesque miles to what is called "The Rapids." After the first two miles the current is normal and swift, and I am told that this is due to the immense quantity of water pouring down from the everglades. In these glades live Seminole Indians, who live by selling the skins of alligators, deer, otter and other animals, and going up the river one is apt to meet these Indians coming down in their canoes laden with skins and baskets, the latter made by the women.

The tourists begin to come in in small numbers as soon as cold weather sets in at the North, occupying the countless "furnished rooms" to be obtained at almost every house in the city; but the great mass of them swoop down on us right after the Christmas holidays. They come all together like a great flock of birds of prey, and by January 10th everything is taken and beds are almost unobtainable for love or money, unless previously engaged. They stay in undiminished numbers until the middle or last of March, when they gradually thin out, day by day, the time of their coming and their going being determined largely by the character of the northern winter. Some go home in the spring on their yachts, returning with them in the fall, owning or renting winter homes here from year to year.

The two big hotels, the Royal Palace and the Halcyon Hall, open the second week in December, and close some time in April. As I write it is December 12th, and the main street upon which my office looks is filled with people, women doing their Christmas shopping in lawns, peek-a-boo waists and white shoes, men going about in their shirt sleeves, wearing Panama hats and negligee shirts.

The houses, the offices and residences have no fire-places, no flues, no chimneys except for the cook stoves.

My main object in starting this letter was to tell you something of Miami as a winter home for invalids; that's what the doctors want. I wanted to give my impressions as to what classes of diseases the climate is best suited to cure or to help, but in spite of me the letter has strung out so interminably over matters which charm and interest me just as much that I will have to reserve the full discussion of this phase for the February number.

I will then be able to speak more intelligently and with more finality upon that question. I will only say here that chronic rheumatism always get better here, and generally after continuous residence get well.

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Highly nervous and hysterical people improve

rapidly; there seems to be an indefinable soothing or sedative quality to the atmosphere.

Insomnia is almost unknown, and as I lie in bed at night near the shore of the bay listening to the sounds of the waves breaking on the beach, I can feel the sea breeze blow over my face, the breeze from the sea fresh with the odor of the pine woods on the other side, and fragrant with the rich perfume of the night blooming jessamine. And as these delicious perfumed zephyrs salute my olfactories I feel I am glad to be living, and just as I make up my mind I am glad to be living I drop dead—dead to the world.

LETTER FROM DR. MAYER.

Yellow Fever in New Orleans.

My Dear Confreres:

Knowing that I would attend the meeting of the American Institute and International Congress, and as a result would be unable to attend that meeting of the Southern Association, I purposely did not accept your invitation to present a paper on yellow fever as requested. However, finding my name on your program for a report on this subject I will ask you to accept in lieu thereof a few extracts from my Institute paper with a few comments, which will give you a synopsis of the conditions in New Orleans just one year after the end of the outbreak of 1905.

Yellow fever is a non-contagious and easily preventable disease.

It is transmitted to the non-immune by the bite of the mosquito, and as far as at present known by but one of the many species of mosquito, i. e., the stegomyia fasciata, later rechristened by the United States Department of Agriculture stegomyia callopus. It can be experimentally produced by subcutaneous injection of blood taken from the general circulation during the first and second days of the disease.

It cannot be conveyed by fomites.

While the specific cause of yellow fever remains unknown, the method of transmission has passed the stage of theorizing, and now belongs in the domain of absolute and positive fact.

The laity, as a whole, and the majority of the medical profession were skeptical regarding these facts at the beginning of the outbreak in New Orleans in 1905, where the following conditions obtained: A city of 333,000 inhabitants, covering an area of 187 square miles, in which resided 150,000 to 200,000 non-immunes; 60,000 to 70,000 open over ground cisterns, many wells and other water receptacles, each an ideal breeding place for the stegomyia.

Fever discovered in the middle of July six weeks or two months after the introduction in a colony of Italians unable to speak our language. The first move of the health authorities followed by a stampede. The patients hidden or dressed and spirited away to other parts of the city and neighboring towns so that in addition to the 100 or more cases discovered 100 or more foci of infection were established in the city and surrounding country towns.

These conditions under the old regime would have started an epidemic of appalling magnitude.

Under the new order of things the backbone of the epidemic was broken in three weeks, and, while the concealed foci supplied a few new cases daily for two months longer, it was held well in hand, and entirely extinguished long before the appearance of frost.

This new knowledge of what has always been considered a most mysterious disease will obviate the possibility of epidemics in the future, and while there may be a few cases introduced, prompt work on the part of the health authorities will at once arrest all danger of a spread of the disease.

This was well illustrated this year, when on August 18th a case appeared in New Iberia, La., a town of about 6,000 inhabitants, 125 miles from New Orleans. The State board of health immediately took charge of the sanitation of the town, fumigated every house, and oiled all the cisterns, wells and pools of water, with the result that no second case occurred. The yellow fever season of 1906 having passed without a single case appearing in New Orleans, eliminates the fear of recrudescence from hibernating contaminated mosquitoes from the year before, so that we now feel that the outbreak of 1905, instead of being a calamity, was a blessing in disguise, it having given us an absolute confidence in our ability to forever prevent another epidemic.

Even though a case or a dozen cases were imported it would be stamped out in short order.

The cases were too few in the 1905 outbreak to make comparison between the homœopathic and the old school treatment; the mortality under both schools of medicine being confined to those who grossly violated the orders of their physicians.

Amongst those who recognized the necessity of following instructions to the letter the mortality was infinitesimal.

A significant sentence closed a circular of advice to the people by the city health officer, "Expect from your physician much advice and little medicine."

I regret I cannot be with you, and trust you will have a pleasant and profitable meeting.

Fraternally,

C. R. Mayer.

Practical Results from the Exhibition of Arsenization Prophylactically vs. Yellow Fever at New Orleans, La., During the Epidemic of '05.

Residents away during epidemic (N. O. Ry. officials) about	11,000
Immunes in New Orleans in 1905 (N. O. Board of Health) about	16,000
Arsenicized persons in N. O. in 1905 (N. O. Lumber Trade Journal)	200,000
Non-protected non-immunes in New Orleans in 1905, about	100,000
Total population of New Orleans in 1905 (Government census)	327,000
Yellow fever cases among the arsenicized in N. O. in 1905	5

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Yellow fever cases among the non-arsenicized in N. O. in 1905	3,391
Total yellow fever cases in New Orleans in 1905	3,396
Deaths among the five (5) arsenicized cases above mentioned	None.
Deaths among the 3,391 non-arsenicized cases above mentioned	448
Total deaths from yellow fever in New Orleans in 1905	448

Note.—All cases were diagnosed, and all deaths reported, by the Marine Hospital surgeons in charge of quarantines.

Respectfully submitted,
Reginald B. Leach, M. D.,
Dartmouth, '83.

St. Paul, Minn., Nov., 1906.

Therapeutics,

TWO OR THREE THINGS ABOUT PNEUMONIA.

BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

The only justification I have for presenting this paper is the chairman of the bureau asked me to write it and I wished to please her. I do not presume that I can add anything to the volume of information you each already have on the subject of pneumonia at this time, when any medical journal one may happen to pick up has exhaustive treatises upon the subject, as a whole, or upon some aspects of it.

I shall follow no special scheme, and the remarks I offer will be incoherent, and relate to but two or three points.

Prevalence of Pneumonia.

Pneumonia is very prevalent and on the increase. On the face of nature one can discern her sardonic grin at human frailty and medical insufficiency. The science of the laboratory and closet is balked in the face of the commoner diseases. The microscope sometimes detects the microbe, and the sanitary officer often breaks up its breeding place and kills it in transit from one victim to another; but pneumonia, measles, diphtheria, scarlet fever and a long list of other everyday diseases are increasing throughout the world. For a long statistical period, twenty years or more, it can be shown by official reports that only three diseases out of fourteen common ones have decreased. One of the three that has made a moderate decrease is consumption. The percentage of decrease for the last census decade of tuberculosis was twelve, but pneumonia made it up an equal percentage of gain. Tuberculosis, owing to the rapid increase in pneumonia, is not the only pulmonary plague; not the undisputed captain of the men of death. It is tedious to review percentages from census reports and statistical bulletins, but, so far as the non-surgical diseases are concerned, the figures should be disquieting to the men of "modern medicine" as she is practiced.

What a diseased humanity wants is health, not a disheartening death rate. An optimistic view of the future, in this regard, can not be taken until the commoner ailments are permanently diminished, civilization over. Not until then need any system of therapeutics whatever, from incantations of the witches, passes of the pow-wow doctor, draughts of allopaths and attenuated spiritualism of Christian science, concede that the methods of handling pneumonia in vogue with the majority of non-irregular doctors of to-day are better. Of course, in case of a considerable number of diseases, preventive medicine keeps down the number of those attacked, but can not do it with pneumonia. We are as ready as the most ardent enthusiast to shout "Great unto sanitation," but the question is, what to do with the unfortunate individual who unhappily contracts a disease. While his wife and children may be saved from it by isolation and disinfection, he has passed from sanitation to medication, shall I say? That depends upon into whose hands he happens to fall. One leader of the learned and teacher of medical students proclaims there is no treatment for pneumonia. Suppose the patient falls into such hands. Like a drowning man, he must sink or swim according to the capacity of his vital resistance. The more there is done for him the worse he is off. Such a doctor has nothing to do, after announcing his diagnosis, only to call around, according to form and see if the nurse is putting on the ice bags and wait for nature, in her caprice, be it kind or cruel., to establish resolution or dissolution. If we are to believe their utterances, and Leather Stocking would say they are honest according to their gifts, the majority of medical writers of the day acquiesce in the teaching that there is no medical treatment for pneumonia.

Before leaving this subject, I wish to note the minor part medical men have played in the scientific world as discoverers. The principles upon which they construct their systems were found out by workers quite outside medicine. Pasteur, whose researches "paved the way for the most important advances that medicine has made in any century towards the plane of true science, it might almost be said more than all other individuals," was not a physician nor a student of medicine. He was a chemist. Cohn, who taught Koch, was a botanist. The author of the theory that the white blood corpuscles are the efficient agents in combatting bacteria, Metchnikoff, the present head of the Pasteur Institute in Paris, is a zoologist, and belongs to the same class of scientists as Darwin and Huxley, and not to medicine. (See Science, October 12, '06. p. 453; Williams's History of Science.) The discoveries of these men, like those of all other investigators, are free to the world and no one is censurable for availing himself of them; but the arrogance of certain doctors of medicine, in claiming all that has been found out during all time that contributes to the amelioration of human, animal and plant disease as emanating from themselves or their class, needs rebuke.

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Homœopathy and Pneumonia.

This is a homœopathic convention. The fundamental principle of our practice is: Disease can be cured by medicines. Availing ourselves of all the ameliorating agents that experience has proven of service, we prescribe drugs with a confidence that they strengthen the reactive powers of diseased tissues. If there be anyone who doubts this, he can not be a homœopathist, and is a moral stranger among us. I further believe that in the treatment of pulmonary and bronchial diseases we have with medicines accomplished some of our best work and demonstrated, so far as experience can demonstrate, their great efficiency. A case of pneumonia properly managed during the first forty-eight hours is half cured, if skillfully followed up. Of course, there is a large number of cases doomed from the first. They are those poisoned by liquor, depraved by debauchery and low living, defective from arterio-sclerosis and other senile degenerations, organic heart diseases, tuberculosis and the enfeeblements incident to infancy and childhood in a vicious environment.

A very considerable proportion of individuals, when they become ill from an acute inflammation of the respiratory organs, require one of the remedies from the group to which belong Aconite, Veratrum viride, Belladonna, Gelsemium and Iodine. The conditions calling for the group are a body, which, before the attack, is not affected by any constitutional disease. Its tissues are not shrunken. It is, at least, fairly nourished. It is devoid of exhausting, chronic catarrhs of any kind. With the onset of the attack the congestive symptoms are active as evidenced by a quickened pulse and by the ehart throwing an increased volume of blood at every stroke. On the other hand, if the patient be a weakling or physically depraved by pre existing diseases, as evidenced by a weak or irregular heart's action, paleness and a marked lack of resiliency, his remedy will probably lie in the group of which Arsenicum, Kali, Calcarea, Antimonium are prominent representatives.

It would be interesting to consider all the remedies mentioned, and some others, equally as useful, in their proper time and place. The subject of so-called stimulants is also always staring one in the face the moment he begins to talk about the pneumonias. But I will confine my further remarks to Veratrum viride and a few comparisons.

I believe it was the late Doctor E. M. Hale who introduced Veratrum viride into our practice. His treatises upon it are the most voluminous in our literature. He says, speaking of pneumonia: "At the onset of the disease, when the arterial excitement is great, the pulse hard and bounding, the oppression of the chest and dyspnœa severe, I am sure I have seen Veratrum viride, in small doses, modify the intensity of the attack." He says he has also seen Aconite produce equally gratifying results, given at first. I believe we all have had the same experience. These are two very essential remedies, but should be administered, when indicated, with great discretion. I have known much mischief to follow their careless administration.

Suppose one is called to see a patient who has some severe pulmonary congestion or inflammation threatening with high temperature, strong, full pulse; a veritable active or sthenic type of fever. The pulse is too full and bounding for Gelsemium or Ferrum phosphoricum. There is not enough cerebral congestion and throbbing or delirium for Belladonna. The choice lies between Aconite and Veratrum viride. If he is inclined to be quiet and calm without either much delirium or restlessness, Veratrum viride is the remedy. If he is restless, anxious, apprehensive or frightened, but clear-minded, Aconite is the choice. When I have told how I would administer them I will close this rambling dissertion. They are very energetic medicines, very prompt of action and capable of doing great harm if given in over-dose or too long. The tumult to be subdued can not last long and the stage of the disease in which either will do good will soon pass. Consequently, so soon as the effect of the drug is apparent, the dose should be modified and as the desired results are produced, stopped. This time is usually but a few hours.

I would make a mixture of water so that each teaspoonful contains an eighth of a drop of a reliable tincture, or less. A competent nurse or attendant should be entrusted to administer a teaspoonful every fifteen or thirty minutes, with the positive injunction that the glass is to be filled with water, the intervals of giving prolonged, or both, as subsidence of the circulatory over-action comes on. The administration should be guaged according to the changes in the pulse and respiration and stopped when the medicine has done its work. This will not likely be the end of the attack, but will so have tempered its intensity as to render the disease controllable by such magnificent remedies as Bryonia, Iodine, Ferrum phosphoricum, Phosphorus, and Sanguinaria.

Broncho-pneumonia, which is quite another disease in character and treatment, responds also very satisfactorily to our remedies, properly selected and considerately admnisitered. [N. W. Ohio Society.]

HOMŒOPATHIC SPECIFIC PRACTICE OF MEDICINE.

BY JOHN H. HENRY,* M. D., MONTGOMERY, ALA.

It cannot be denied Hahnemann's original name for his system of practice of Homœopathy from 1796 to 1808: A Specific Homœopathic Practice of Medicine.

Though he contended in 1796 there cannot be a true and unfailing specific remedy for any disease. "But he contends as there are many different states of individual diseases that there are peculiar specifics for the pure symptoms of disease and for its varieties and other abnormal state of the system." Even in the last edition of the Organon he speaks of the homœopathic as being the specific for the cure of disease.

And I contend by the law of cure, Similia Similibus, we have the only true rules of discovering

*This was the last paper written by Dr. Henry before his death.

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specific remedies for specific symptoms of disease in large, small, single or compound medicine and doses. And that dose, single or compound, has nothing in common with homœopathic practice of medicine.

Some may tell us we are giving up all that was contended for by us in our early history, but come back to the old system of generalizing in part. No; we follow the early practice of Hahnemann, Hartman, Finke, Grieslich and Von Grauvogl. This is the only way we, as Homœopaths, discover specifics by the law of Similia for different symptoms of disease, which is much better than anti-fever and anti-rheumatic remedies. It is true the prime object of all physicians is to cure the sick and relieve pain and restore health and prolong life. To do this we must resort to some form of medication. As a school of medicine we must return to the early teachings of the fathers of specific Homœopathy. If we, as doctors, correctly understand the cause of disease and its many vital changes in health and disease, and know the alteration in health which produce the many changes in disease, and means that would alter the diseased functions to a state of health by the use of medicine, we must contend no single medicine will cure, but we must resort to compound remedies. Single remedies cannot cure all diseases. All diseases and nature are a compound of symptoms. It is true we have knowledge of some medicines that have some apparent specific action in different organs of the body.

But this knowledge is small, and we know but little of the cause of disease ond much less of remedies that help on the cure. We also know many we cannot cure. But we must not give up their study and remedial help, for we do find much to help us on in specific combinations of homœopathic remedies. We can do much by close study of physiology and pathology. We do not fear the treatment of diphtheria with injections of serum every six or eight hours. This treatment is almost specific. While specific medicine gets much help from physiology and pathology, homœopathic specific medication produces good results to many who practice it. Based on the law of "Similia Similibus Curantur" as the only true law of cure. A dose, small or large, or combination remedies has nothing to do with practice of Homœopathy. We must find the similia to specific homœopathic treatment of disease without regard to dose or combination. I have treated all diseases with this understanding the application of the law of Similia for the last fifty years successfully. Unless we take the early name Hahnemann gave specific homœopathic practice, old school medicine and eclectic will swallow up the homœopathic practice of medicine. Prof. F. Humphrey, author "Specific Homœopathy," fifty or more years ago, was a student with E. Hale and Dake in the Philadelphia Homœopathic College, where we graduated about that time. I learned from him many practical truths of combination of remedies. At the first meeting of the Southern Homœopathic Association at Tulane University at New Orleans I advocated this doctrine, and that high potencies in homœopathic practice would stop its progress. Dr. E. Hale and Dr. Dake have set us worthy examples as practical homœopathic physicians.

This is the last communication I expect to make to the association, as I am now nearly 78 years old and confined to the home unable to work for more than a year. Montgomery, a place of fifty thousand inhabitants, is without a homœopathic physician. A man of experience and able to maintain himself for a while would do well.

Legislation.

NO CLASS LEGISLATION.

The following extracts from Dr. J. H. Hensley's presidential address at the Oklahoma Medical Institute contain very appropriate matter to commence a campaign in a young State:

I wish to bring before this society a very important duty and one of vital importance to every member, and one that should appeal to every loyal Homœopath in the coming State. We should claim our just rights, and oppose all class legislation of whatever nature that would favor one school of medicine over that of another. Time has past and we live in a progressive age, one in which no sect or class can dominate over another; or, when any legislative body dare transact any laws that would interfere with the progress of science. The American people want a fair deal, and will hold any party responsible who would dare deal otherwise.

It is to be hoped all reputable physicians in the coming State, no matter to what school of medicine they belong, will join in having suitable laws passed to protect the public from quackery and nostrum venders, and that will uphold the honor of our noble profession. We should demand that all schools of medicine have separate examining boards, to pass upon the qualifications of an applicant who wishes to practice his profession in our State. No matter how competent a physician may be in the practice of medicine in his own school or how impartial he may be in the examinations he is not qualified to examine an applicant in materia medica or therapeutics in another school of which he knows little or nothing. It is true physicians of all schools agree upon many things; likewise it is true they differ on many very essentials in the application of medicines.

All fair minded physicians will agree we ought to have a State board of health separate from examining boards, made up from the different schools of medicine, with no one school having a majority on said board.

In our coming State it is our privilege and duty to claim our just rights in the medical department of State university, and in the eleemosynary institutions and other branches of the State government where medical skill is demanded.

There are but few States not having either separate or mixed examining boards, and many of them representation in medical departments of State universities and in charge of State institutions for

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the insane and feeble-minded; and in no instance where this has been fairly tried but what the statistics have been largely in favor of Homœopathy.

Take the adjoining States and see what medical laws they have in regards to the different schools, commencing with Missouri. They have a chair in the medical department of the State university. Control of one of the leading insane hospitals; has mixed boards of examiners and board of health; no applicant before the board can be examined in therapeutics by any member of the board other than a representative of the school of which he is a member.

Arkansas and Texas both have three separate boards made up from homœopathic, eclectic and so-called regulars. Kansas mixed board, no one school having a majority on board.

Iowa and Nebraska, from which many of our citizens came, have mixed boards; besides a part of the eleemosynary institutions are completely under their control and have been for years, with great satisfaction to the taxpayers and friends of the unfortunate inmates.

We should advocate reciprocity between medical licensing boards of the different States when the standard required is sufficient to protect the public from quackery and incompetency.

A diploma from a legally chartered medical college of reputable standing should be recognized in any State.

It is to be hoped the time will soon come when there will be a uniform law all over the United States regulating the practice of medicine freed from practical influence and prejudice.

Societies.

AMERICAN INSTITUTE AMENDMENT.

The sub-committees of the Executive Committee, consisting of Dr. T. Franklin Smith, of New York, and the President, went to Norfolk, Va., on November 1st, and were met there by Drs. Custis, King and Swormstedt, of Washington, who came upon request, as it was impossible for the other members of the Executive Committee to be present, The Institute had voted that the next meeting should be held at Norfolk, or its vicinity, meaning thereby the city of Norfolk or the exposition grounds themselves. It was learned that it would be practically impossible to hold the meeting in the city of Norfolk, for there was no single hotel there large enough to accommodate the Institute, and none of the various hotels would agree to reserve rooms, or to give reasonable rates. They were expecting a large influx of visitors at the time of the meeting, and saw no reason why they should reserve rooms at reduced rates; in fact, rates will be about double those existing at the present time. It was, therefore, necessary to give up the city of Norfolk itself as our meeting place.

Attention was then given to the facilities offered at the exposition, which will be held on the shore of Hampton Roads, about thirty minutes' ride by trolley from Norfolk. There is in process of erection within the exposition grounds a very large hotel called the "Inside Inn," which will be completed and in operation when the exposition opens on April 27th. After various and protracted conferences with the Jamestown Hotel Co., which is the concession having the control of the "Inside Inn," favorable terms were made with them, and a contract was drawn up and signed by the hotel corporation, Dr. Smith and President Hooker. Under this contract the hotel corporation agrees to provide accommodations for about 1,200 members of the Institute and their friends at definite rates, which was considered reasonable.

The date of the meeting will be Monday, June 17th, and all the members of the Institute and their friends will be housed under the broad roof of this one hotel, "The Inside Inn."

There will be, of course, some disadvantages in holding the sessions of the Institute at a place where an exposition is in progress and within the exposition grounds, but the Institute voted to go to Jamestown, and there has been made the best possible arrangements that could be made under the circumstances. The "Inside Inn" is very favorably located directly on the beach of Hampton Roads at the corner of the exposition grounds, where a splendid view will be afforded of the naval manœuvres which may be taking place in Hampton Roads. The hotel is so arranged that there is absolutely no danger of loss of life by fire, since all the rooms ore on the second story, and in case of fire there would be little difficulty in reaching the ground from the windows of every room in the building.

A short distance from the hotel is located the auditorium, which has been assigned as the meeting place by the exposition management. In this auditorium is a large convention hall and seventeen smaller rooms, which can be utilized for the meetings of the sections and auxiliary societies and various committees. These rooms will seat from 100 to 200 persons, and are ample in number and capacity for our purposes.

It is the opinion that the decision to hold the sessions of the Institute within the exposition grounds will be most satisfactory both as regards the comfort and amusement of the members and the attendance at the scientific meetings. If the meetings were held at another place than the grounds of the exposition it would be inevitable that many members having once gone to the exposition would spend the greater part of the day there. Under the present arrangements holding the meetings within the exposition grounds, it will be possible for the members to amuse themselves for an hour or so at a time viewing the various attractions close at hand and still be able to attend such of the scientific meetings as attract them.

Take it all in all, we are confident that no better place for the meeting of the Institute under the vote which selected Jamestown could have been found than has been chosen, and we further believe that those who attend the next meeting of

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the Institute will be comfortably housed and entertained, and find a happy mingling of work and play.

THE OKLAHOMA MEDICAL INSTITUTE OF HOMŒOPATHY.

The Oklahama Medical Institute of Homœopathy met in annual convention in Dr. Hensley's offices on Nov. 22, 1906. There was a good attendance present and a number of new members were added to the society.

After reading minutes of previous meeting and receiving report of Credentials Committee, Dr. J. Hensley, president of the society, delivered his annual address. It was favorably commented on and by unanimous vote a request was made to have it published in city papers.

Following this Dr. Frank D. Humphey, of Oklahoma City presented a very excellent paper with particular reference to the Gall Bladder and Appendix. Following this was a paper from Dr. C. F. Whitcomb, of Hastings, on Typhoid Fever, which brought out a lively discussion.

At 7:30 o'clock the members in attendance were banquetted at Hotel Lee, after which they adjourned to Dr. Humphey's office and held an evening session. First listened to a very interesting and instructive paper by Dr. Hardenstein, of Oklahoma City, on Malaria and Its Treatment. Followed by a paper from Dr. Ferington, of Shawnee, on Repain After Labor. This paper was ably discussed by a number of the members.

Nov. 23, meeting opened in Dr. Hensley's offices at 9 A. M. by paper from Dr. Hensley on Homœopathic Prescribing. This paper brought out a lively discussion from those who favored high and low potencies and proved very helpful to many of the younger members.

After receiving several communications the convention proceeded to elect officers for the coming year. Dr. Hensley was unanimously elected for another year. Dr. Ferington, of Shawnee, vice-president, and M. E. Roy, of Tecumseh, secretary and treasurer. Dr. D. W. Miller, of Blackwell, M. Vanderoot, of Guthrie, F. S. Robison, of Tulsa, C. F. Whitcomb, of Hastings, L. L. Dinster Kingfisher, delegates to American Institute of Homœopathy; Drs. J. Hensley, M. Vanderoot and Wm. J. Kimberly, Legislative Committee; Drs. Hensley, Smith and Hardenstein, all of Oklahoma City, Committee on Program. At 2 o'clock P. M. had a very interesting surgical clinic by Dr. Frank D. Humphey, after which the society adjourned to meet again next year in Oklahoma City.

THE CLEVELAND HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of this flourishing association was held December 12, 1906, in the auditorium of the Cleveland Homœopathic Medical College, President W. H. Phillips presiding.

Through its chairman, Dr. Lester E. Siemon, the Legislative Committee reported having inaugurated a movement looking toward the recognition of our school in State and local institutions. The complete homœopathic visiting and resident staff of the Cleveland City Hospital is about the only representation in Ohio given the homœopathic school. The committee has written every homœopathic body in the State asking co-operation in an attempt to gain a more general representation.

The Executive Committee reported an accession of thirty-two new members during the year. Papers by guests from out of town had been presented, the essayists having been Drs. M. P. Hunt, of Columbus, and W. A. Humphreys, of Toledo. A new Constitution and By-Laws had been adopted. A meeting had been held each month, and a full program presented each time.

The society then proceeded to the election of officers. The following were elected:

President, H. F. Staples, M. D.
Vice-President, H. L. Taylor, M. D.
Secretary, Thos. H. George, M. D.
Treasurer, A. E. Biddinger, M. D.

Dr. Alice Butler then read a very interesting paper on "Sulphur." Besides being instructive, the paper was bright, and unusual in that it was written in rhyme.

Dr. W. A. Humphreys, of Toledo, then read a paper on "Arterio-sclerosis; a Study." This was exceptionally good, giving a most complete discussion of this very important disease. The discussion was led by Dr. J. Richey Horner, followed by Drs. A. O. Palmer, G. W. Spencer and H. F. Biggar.

The Censors recommended for election to honorary membership the following: M. P. Hunt, Columbus; W. A. Humphrey, Toledo; R. S. Copeland, Ann Arbor; T. G. Barnhill, Lindley; W. C. Boger, Parkersburg, W. Va.; S. A. Rosenberger, Covington, Ohio; C. E. Sawyer, Marion; L. K. Maxwell, Toledo. On motion, the recommendation of the Board of Censors was unanimously adopted.

A vote of thanks to the retiring officers was passed. The meeting closed one of the most successful years in the history of the society. President Phillips and Secretary Castle are to be congratuated on the results of their most energetic administration. The new President, Dr. Staples, is secretary of the Ohio State Society, and gives promise of being an active worker for Homœopathy. He is also on the faculty of the Cleveland Homœopathic Medical College. H.

NORTHWESTERN OHIO HOMŒOPATHIC MEDICAL SOCIETY.

The fourteenth annual meeting of the Northwestern Ohio Homœopathic Medical Society was held in Toledo on December 11th. As is usual in this society the attendance was very good, attracting physicians from even farther off than the immediate vicinity. Among these were Drs. J. R. Horner, H. D. Staples, H. D. Bishop and W. H. Phillips, of Cleveland; W. B. Hinsdale, Dean T. Smith, R. S. Copeland, and W. A. Dewey, of Ann Arbor, Michigan. After a fine literary program in which the following papers were especially to be

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commended: Typhoid Fever, by J. H. McVay, M. D.; Pneumonia, by W. B. Hinsdale, M. D.; Ulceration of Stomach, by M. H. Parmelee, M. D.; Cerebral Abscess, by H. M. Flower, M. D.; Ptomains, by L. K. Maxwell, M. D.; X-rays in Surgery by Denias Dawe, M. D.; Sodium Citrate in Infant Feeding, by H. D. Bishop, M. D.; Therapeutics of Pregnancy, by Luther T. Gill, M. D., and Essential Things in Versions, by W. A. Humphrey, M. D., the society adjourned to meet again around the hospital banquet table at the Valentine Cafe, where a feast was served that would do honor to any gathering, it being simply one of perfection. Of course, the usual speeches followed, and were all good. President A. T. Barnum deserves much credit for the success of the meeting.

The Library.

BOOK REVIEWS.

Abdominal Operations.

By B. G. A. Moynihan, M. S. (London), F. R. C. S., Senior Assistant Surgeon at Leeds General Infirmary, England. Second revised edition, greatly enlarged. Octavo of 815 pages, with 305 original illustrations. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $7.00, net; half morocco, $8.00, net.

Moynihan's abdominal operations is a classic work, and this second edition contains numerous additions of text and illustrations and certain chapters have been rewritten. The illustrations are specially deserving of notice, many having been made exclusively for this work.

The American Illustrated Dictionary.

The new (4th) edition—2,000 words. All the terms used in medicine, surgery, dentistry, pharmacy, chemistry and kindred branches, with over 100 new tables. By W. A. Newman Dorland, M. D. Fourth revised edition. Octavo of 836 pages, with 293 illustrations, 119 of them in colors. Philadelphia and London: W. B. Saunders Company, 1906. Flexible morocco, $4.50, net; thumb indexed, $5.00, net.

This is the fourth edition of what we have always considered the handiest and best medical dictionary published. It is convenient in size, up-to-date, and will fully meet the requirements of any medical man. It is attractive in appearance, all the definitions are given clearly and concisely. It is a work that really occupies a place between the large, wieldly encyclopædias and the practically useless students' abridgements, and is one we can heartily recommend to our own practitioners and students. There are some fine illustrations in it and many useful tables.

The Technic of Operations Upon the Intestines and Stomach.

By Alfred M. Gould, M. D., of Boston, Massachusetts. Octavo volume, containing 150 beautiful original illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Company. 1906. Cloth, $5.00, net; half morocco, $6.00, net.

This work is the result of three years' of research by Doctor Gould, and is one that will instantly appeal to every surgeon who has abdominal work to do. The chief and marked feature is the handsome manner in which it is illustrated, the text being purposely concise. It will certainly make a better surgeon out of a man to be familiar with the points contained in it, and they are of such practicability as to call for careful study.

Atlas and Text-Book of Human Anatomy.

Volume I. By Professor J. Sobotta, of Wurzburg. Edited, with additions, by J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto volume of 258 pages, containing 320 illustrations, mostly all in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.00, net; half morocco, $7.50, net.

This is one of the most beautiful anatomical works that has ever come to our table. The large quarto sized plates are wonderfully accurate and clear. There are two more volumes to follow, one on the viscera and one on the nervous and circulatory systems. The art of teaching anatomy has been greatly simplified by works of the excellence of this one over twenty years ago when the editor was a teacher of that branch, and photographic reproduction was yet in its infancy.

Prevalent Diseases of the Eye.

By Samuel Theobald, M. D., Clinical Professor of Ophthalmology and Otology, Johns Hopkins University. Octavo of 551 pages, with 219 text illustrations, and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.50, net; half morocco, $5.50, net.

This is a treatise on diseases of the eye intended to meet the needs of the general practitioner. In it is described very closely and accurately those conditions only in which the diagnosis and treatment come within the province of a general practice doctor. The treatment given is definite, the operations described in detail are only such as a general practitioner may perform, but those that he should not perform are mentioned. It is certainly a valuable work, and one that should fill the demand for such a book. The illustrations are notable, and serve to add much value to the volume.

What to do for the Head.

A compilation of the most important symptoms of the head and the leading remedies in their cure. By G. E. Dienst, Ph. D., M. D., Professor of Theory and Practice of Medicine in the Hering Medical College, Chicago. 184 pages. Cloth, $1.00, net; postage, 10 cents. Philadelphia: Boericke & Tafel, 1906.

This is a charming little book and full of thoroughly practical points on the treatment of the symptoms that appear in the head, and considering the mass of material that it contains it is admirably well arranged. It is a book that will certainly please our readers, and by a close study of its contents they will be enabled to surprise themselves by curing many severe cases of headache.

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A Compend of Genito Urinary Diseases and Syphilis.

By Charles S. Hirsh, M. D., Jefferson Medical College. Blakiston's Quiz Compends. P. Blakiston's Son & Co., Philadelphia, Pa.

This book epitomizes genito-urinary diseases, and like all of these quiz compends, especially of the Blakiston series, is of a peculiar and essential value. More can be gotten out of it on genito-urinary diseases than out of a dozen larger books, and in half the time.

Retinoscopy

Or Shadow Test. By James Thorington, A. M., M. D. Philadelphia, 1906. P. Blakiston's Son & Co. Fifth edition.

This is the fifth edition of Prof. Thorington's work, and every effort has been made to incorporate all up-to-date material, such as new instruments, illustrations and descriptions.

Urinary Analysis and Diagnosis

By Microscopical and Chemical Examination. By Louis Heitzmann, M. D., New York. Wm. Wood & Co., New York, 1906. Price, $2.50.

This is the second revised and enlarged edition of Dr. Heitzmann's work on urinary analysis. It should be of special interest to the physicians of our school, inasmuch as Dr. Heitzmann occupies the chair of Pathology and Bacteriology in the New York Homœopathic College. Not alone, this, however, should commend the work, but its completeness and practicability as a text-book on the subject. We know of none better than this work. The subject is admirably presented and the work is finely illustrated. Those who are seeking a thoroughly up-to-date work on urinary analysis cannot do better than to procure this one, especially as its author is broad-minded enough to teach in a homœopathic college.

The Prophylaxis and Treatment of Inter-Diseases.

By F. Forchheimer, M. D., University of Cincinnati. New York and London. 1906. D. Appleton & Co.

This work, as its title implies, deals with the two most important functions of the healing art, namely, the prevention and cure of disease, and as such is one of great value to the homœopathic physician, inasmuch as it gives him the latest allopathic ideas on this subject. An interesting point is found under yellow fever, where it is stated that small doses of Arsenious acid produced immunity in 177 out of 181 cases who had been bitten by the infected mosquitoes. Credit, therefore, is given to Finlay, but it seems to us to be rather due to Dr. R. B. Leach, of St. Paul, who has for years advocated this artificial drug immunization with Arsenicum.

The work is full of practical points, and we can conscientiously commened it.

Tribute to the Great Sympathetic Nerve.

Thou wondrous arbiter of life and death,
Who fashioned thee and gave thee charge to hold
The key to Life's great temple where we dwell?
Kings sit upon their throne but by thy grace,
And men go up and down in thy sure care;
Unless thou reign in faithful ministry
The sweet delights of being come to naught,
And death would draw the veil, and men could not
So much as lift their eyes to see the dark
Or scan the dawn, or contemplate the light,
Nor feel the soft caress of winds that blow,
Or hear the zephyrs whisper, or the roll
Of troubled seas, nor yet the mighty crash
Of storms when they sweep, raging, o'er the earth;
The joy of feasting, and the boon of sleep,
And love and laughter all must be denied
But for thy sweet and tender ministry,
When Somnus stretches forth his wand and bids
Us rest and dream, e'en then, mankind must put
Its trust in thee, resigned to thy sure care,
For guaranty that it shall wake again.
Thou art the Keeper of Life's palace gates,
And all the beauteous temple of the soul;
Men go not up or down the ways of life
Save in the dole of strength vouchsafed by thee;
From thee divorced, our breath and blood would cease
To ebb and flow, our sense of sight and sound
And touch would be locked up; the inward fires
That warm the sacred temple of the soul
Would all be quenched and swiftly blotted out,
While cold and darkness and eternal night
Would cloak us around, and we, disintegrate,
Would hurry back to that insensate dust
Wherefrom God's awful fiat called us forth.
Without thy aid, no smile would light the face,
No song would ring to greet and gladden men,
No touch of sweet affection would give zest
And joy and peace to our immortal souls.
Without thy sweet companionship, the mind
Would wander, listless, naked, unhoused.
And unaccompanied through the vast unknown.
Without thy aid, the eyes of men could not
Behold the bright array of gleaming orbs
That light the lofty archways of the night,
And shed their glory o'er the hills and vales,
And rolling seas, nor yet behold, withal,
Those myriad-crowding microcosmic forms
That throng and beautify our pathways here.
Unkept by thee, our longing eyes would not
Discern those wondrous panoramic scenes.
The cunning artist, Light, with flaming brush,
Paints on the circling canvas of the sky,
And, but for thee, the happy songs that ring
From woods and fields, the tuneful harps and lutes
Of all mankind,—the tender love's voice,
The prattling infant's lisp, the mother's call,
The last good-byes from age's falt'ring lips,
Would cease, and then the silent stars would see
A silent King on music's silent throne.
Thou art the sleepless sentinel who doth
Safeguard his devious ways and give to man
A century in which to come and go
At his sweet will among his fellow men,
Without a break in its delightfulness,
Assuring him through all vicissitudes
Until Time's clock shall strike the final hour
And call the mighty change, he may rely
Upon thy changeless friendship to the end.
Could aught more wondrous be than such a friend,
Save God alone, who planned and fashioned thee?

Henry W. Roby, M. D.

Topeka, Kans.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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JANUARY 1, 1907.

Editorial.

THE INSTITUTE AT NORFOLK.

It was said that the battle of Lexington was fought at Concord by the men of Acton.

It seems that the Institute meeting at Norfolk is to be at the Jamestown Exposition which is not at Jamestown but at Hampton Roads, and yet not quite so, for Hampton Roads is a waterway. At any rate it is to be held near Hampton Roads, and thirty minutes by trolley from Norfolk. The report we have received of the meeting of the subcommittee of the Executive Committee indicates that arrangements have been made to meet at the "Inside Inn" of the exposition, which means that while at the meeting we will be a part of the show. We trust that the arrangements made may work out to the satisfaction of all parties. Probably all those who would care to exhibit goods at the convention will have their exhibit at the exposition grounds, and the members can visit them in their rounds of sight seeing. This should be a relief for the exhibitor. We heard many complaints at Atlantic City as to extortionate charges, inattention, favoritism, etc. It should also be a relief to the members, for while many, if not all, are more or less interested in the various wares displayed, they like to take their own time to visit them and not have to run the gauntlet on the way to the meeting.

We have always opposed the meeting of the Institute in places where expositions were being held. We regard the Institute as one of the potent means to disseminate and introduce Homœopathy, and to meet where there is a large attraction divests it of this feature. It was thought best this time to meet in the South, and certainly Virginia is one of the great Southern States, and the only place to meet this year in this State seems to be the place chosen, and having been chosen we must make the best of it, and attend in as large numbers as possible and make it a successful meeting, and the energy displayed thus early by the executive and local committees shows that this end is being well looked after.

It cannot be successfully denied, however, that the Oklahoma City contingent in its contention that this was the better place rests upon a sound basis. Oklahoma City was advocated as being in a new and rapidly growing section, where, owing to the receptivity of the people, Homœopathy could have won a large measure of respect and popularity. A meeting at this point in the great Southwest would have done much good for the cause. It would be within easy reach of St. Louis, Kansas City, Missouri, Kansas and Arkansas, and to the Southward within a day's journey are a number of large cities as Forth Worth and Dallas, Texas, and other large places in the Lone Star State, and that the meeting would have been a success goes without saying. It seems that we must meet in that section in the near future, and if our Oklahoma brethren present themselves in force at the meeting in Norfolk we believe they can secure the meeting for 1908. Hot Springs, Arkansas, is another supplicant for the 1908 meeting. It is a health resort, and has one or two members of the Institute who are constant in attendance, but it almost seems to us that Oklahoma City is more accessible and would pull off a more successful meeting, and that its locality is in the centre of a more populous region than is Hot Springs.

However, this year the meeting place is Norfolk or near there, and all eyes should look that way. We are certain to have not only a fine meeting but an enjoyable time, and as to the bridge of 1908 we will cross that when the time comes.

SOUTHERN FEVERS.

We present in this issue of the Medical Century a number of the papers read at the meeting of the Southern Homœopathic Association at Louisville, Kentucky, in October. The topic which was to form the chief subject of the meeting was Southern Fevers, but with the usual characteristic perverseness seen among medical men when set programs are given, southern fevers were really only represented by two or three papers, and other fields of medicine were covered. It is difficult to find a subject that gives full sway to all fields of medicine, including the specialties, unless it be tuberculosis, and somehow or other a physician has come to feel out of place unless he is writing on his specialty. We remember some years ago Brother Kraft who was chairman of a materia medica bureau, somewhere, appointed as his coworkers all surgeons, and, of course, made a success of it, for they told what they did not know about materia medica, and it made the program overflow. A surgical bureau,

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too, could be well filled with materia medicists, and this interchange of ideas would be very valuable to all concerned. To return to southern fevers. It was very gratifying to hear the value of homœopathic medication in all these fevers, especially after thirty and forty years' trial with them along side of quinine. We were shown in the meeting scientifically how quinine was a specific antidote to the malarial poison, how the latter could not exist in its presence, and how it was according to laboratory findings the only thing to use in malarial fevers. Yet we were not informed why it was that in very many cases it had failed, and how homœopathic remedies like common salt, Natrum muriaticum, had cured them decisively. It was especially interesting to hear the experiences of Dr. Stout, of Jacksonville, and Whitman, of Beaufort, South Carolina, both of whom have battled with malaria in its worst forms, and both assert the superiority of homœopathic remedies over quinine. During Dr. Stout's early residence in Jacksonville nearly all his cases were malarial fevers; he frequently used quinine, but found it useless in the majority of cases that its baneful results were enlarged spleens, enlarged livers, weak stomachs and shattered nerves. Later he stuck to the homœopathic remedy and cured the cases promptly and permanently. Quinine has undoubtedly a place in the treatment of malarial fevers, as Dr. Blackwood, in his excellent paper, justly says, but only when it is indicated by a well developed and clear cut chill, fever, sweat and spinal tenderness. But its routine use by any homœopathic physician shows an ignorance of the best means of cure, which should not characterize the true physician of our school.

EDITORIAL BREVITIES.

John Chapin Sanders, A. M., M. D., LL. D.

To the hundreds of alumni of the Cleveland Homœopathic Medical College the news of the death of their beloved professor will come with a shock of keen regret and a feeling of a personal loss. Probably no man who has had a past in the making of the history of the college has more friends and fewer enemies. His gentle nature and enthusiastic spirit made him hosts of warm friends and devoted adherents. Lacking just one year of half a century of service in the college, there has not been one year when he did not have in some way or other an active part on its faculty. For nearly forty years he lectured on obstetrics, the remainder of his service being as Emeritus Professor, and dealing with medical ethics.

Dr. Sanders was born July 2, 1825, in Peru, Huron Co., Ohio. His father was the most prominent practitioner of that section of the country, a pioneer of the Western Reserve. The son attended the public schools and Lima Academy, and then entered the Western Reserve Medical College, from which he graduated in 1847. After practicing a short time, so great was his ambition and thirst for literary training that he re-entered the university in the classical department, attended for two years and then went to Yale College, from which he graduated in 1854 with the degree of A. B. Later he was honored with the degree of A. M. from his Alma Mater, and in 1892 the Illinois College conferred on him the degree of LL. D.

In 1857 he began his work in the Cleveland Homœopathic Medical College (then the Western College of Homœopathy). He occupied the chair of obstetrics. He was Dean eight years, President of the Board of Trustees ten years, and always a zealous promoter of higher standards of medical scholarship.

Dr. Sanders has had many offices of honor in the organizations of which he was a member. Of the Ohio State Homœopathic Medical Society he was Vice-President two years, President one year, Treasurer ten years, and Chairman of the Bureau of Obstetrics two years.

He joined the American Institute of Homœopathey in 1860, was Vice-President in 1878 and President in 1884. For two years he was Chairman of the Bureau of Obstetrics.

He has been a member of the staff of the Cleveland Homœopathic Hospital since its organization. He here, too, held the office of President for several years.

To sum up, it can be said that Dr. Sanders has during his nearly sixty years of medical life been a wonderful worker. He never quit. He actually practiced on the last day of his life. His death was sudden, occurring December 22, 1906. While walking along the icy street of his home city, Cleveland, he slipped and fell. Two hours later he was at rest, his great spirit had passed to the beyond.

To show the warm feeling which actuated his colleagues it need only be called to mind that two years ago he and his equally beloved and worthy colleague, Dr. D. H. Beckwith, were made the recipients of a great testimonial banquet given by their friends, when each was presented with a massive silver loving cup as a tribute of affection. It is such an act as this that shows what a hold a man has gotten on the affections of those with whom he has worked for half a century and more. H.

A Salaried Organizer.

The question of a salaried organizer for the American Institute is one that seems to be gaining friends. The North American Journal of Homœopathy regrets that a question of so much merit, when presented by President Green in his address at Atlantic City, should have been "bound up with the notion that the organizer must also be the editor of a full-fledged medical journal backed by the Institute." This is a sentiment with which we concur heartily. There is time enough for the journal after the organizer has done something worthy of dissemination, and probably his work for the first few months would not need a full-fledged medical journal to print it.

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Editor's Table.

GENERAL NOTES.

We note in our exchanges and elsewhere calls for internes or resident physicians in the Hahnemann Hospital of New York, the Rochester Homœopathic Hospital and Grace Homœopathic Hospital of New Haven, Conn. The field of general practice makes such demands upon our graduating classes that hospital positions are likely to go begging further yet unless something be done to increase our students.

Dr. Homer I. Silvers, who has so satisfactorily filled the office of Washington correspondent for the past year, has opened an office in the Le Grand apartments at Atlantic City. The doctor has our best wishes for his success.

Here is what an appreciative subscriber writes us, and we are not too proud to say that it pleases us: "I could not get along without the Century, for it is one of our strongest and best representatives of good Homœopathy."

The homœopathic physicians of Southwestern Texas have effected an organization to be known as the Southwestern Texas Homœopathic Medical Association. The first meeting, which was held in San Antonio early in November, was a very enthusiastic and successful session. The officers for the ensuing year are: President, Dr. Charles A. Wilson; Vice-President, Dr. W. L. Freeman; Secretary and Treasurer, Dr. Nettie G. Gray. The society purposes to make a close study of materia medica and the Organon at its regular meetings.

The Bexar County Homœopathic Medical Society is the name of a local society which meets in San Antonio, Texas, twice a month. Topic of general and local interest are discussed. The officers are: Dr. Walter C. Hirzel, President; Dr. G. H. Gifford, Vice-President; Dr. Nettie A. Gray, Secretary and Treasurer. We are pleased to see this activity in Texas. It is needed everywhere, and we want to see the Institute go to the Southwest next year. It is needed in that section.

Dr. A. B. Schneider and Miss Ida Roberts, of Springfield, Mass., were married on December 12th. Dr. Schneider is one of the well known physicians of Cleveland, Ohio, and will continue to make his home in that city.

Dr. Adolf E. Ibershoff, of Cleveland, is practicing his specialty in the Rose building, and has a full office most of the time. The doctor is a good man on the eye, and deserves his success.

We are in receipt of some handsome postal cards from the Pennoyer Sanitarium in Kenosha, Wisconsin. This institution is doing great work, and how could it be otherwise with two such hustlers as Adams and Pennoyer as managers.

Dr. James W. Ward announces the opening of new offices in the Marston corner of Sutter and Franklin streets, San Francisco.

Dr. D. A. Strickler, our energetic brother of Progress has removed his offices to the Empire building in Denver.

Dr. C. E. Kahlke now has morning hours from 10:30 to 12:30 at his down town office, 100 State street, instead of afternoon hours as heretofore.

We trust the local committee will place a reliable man in charge of the exhibits at the coming meeting of the Institute, a man who will do as he agrees and one unacquainted with Ananias.

Drs. Ball, Barnes and Thomas Youngman read papers at the December meeting of the Atlantic City Homœopathic Club. Dr. Homer Silvers, our former Washington correspondent, was elected to membership.

Dr. T. E. Costain has removed his offices to the Heyworth building, corner Wabash avenue and Madison streets, Chicago. Dr. C. A. Weirick has made the same change.

Dr. J. C. Fahnestock, of Piqua, Ohio, goes to Rockledge, Florida, for the winter.

Dr. Charles G. Jenkins, of Lansing, Mich., is a member of the school boord of that city.

Dr. C. E. Sawyer, of Marion, Ohio, is a member of the executive committee of the Association of Erie Railway Surgeons.

Dr. S. H. Aurand has opened a down town office in the Marshall Field building, Chicago. He gives special attention to subacute and chronic diseases and non-surgical diseases of women.

The Denver Homœopathic College and Hospital we learn are spelling success, both of them. The hospital is filled, and with an increase of 50 per cent. in students, no wonder the professors become enthusiastic, and finances look up. We are always pleased to learn of the good fortune of any of our institutions, but more especially this of our Rocky Mountain one, whose paths have been actually rocky at times.

Dr. William Boericke, of San Francisco, announces that Dr. Guy E. Manning will share his office with him at 1812 Washington street, attending to calls during his absence. The doctor's house was on the edge of the fire line, and escaped destruction.

Two vacancies exist on the interne staff at the Metropolitan Hospital, New York City. Applications for these positions may be made to Dr. E. P. Swift, 170 West 88th street, New York. Successful applicants will be assigned to duty immediately.

Dr. Geo. W. Spencer announces his removal to 830 Rose building, Cleveland, Ohio. Dr. Spencer is professor of physiology and dermatology in the Cleveland Homœopathic Medical College. His practice is confined to diseases of the skin.

In Ohio there is an organization called the Association of Medical Teachers. The object of this society is the discussion of medical education and medical laws in their broadest sense. The second annual meeting was held December 26th at Columbus.

Dr. L. E. Siemon, Professor of Obstetrics, Cleveland Homœopathic Medical College, read a paper, "At What Point in the Curriculum Should the Student Begin to Attend Clinics?" Dr. C. E. Walton discussed the paper.

Dr. B. B. Kimmel, Register and Treasurer of the Cleveland Homœopathic Medical College, discussed the question of advanced standing.

All the colleges are taking an active part in the

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work of the association, and its success is pronounced. The papers and discussions are published in book form and sent to the members.

Our readers will note from the new Antikamnia advertisement which appears in this issue, that The Antikamnia Chemical Co. was prompt to file its guaranty under the New Pure Food and Drugs act, their guaranty number being 10, which means that of all the food and drug manufacturers in the United States, only nine filed their guaranty in Washington before that of the Antikamnia Chemical Company.

This shows the usual Antikamnia disposition to protect the dealer and prescriber of Antikamnia under the law.

CINCINNATI NOTES.

LINCOLN PHILLIPS, M. D., CINCINNATI, O.

Dr. E. R. Wallace, one of last year's Pulte boys, has located in Madisonville, a suburb of Cincinnati.

Dr. Harry Blackford, of Middletown, Ohio, brought two cases to the Pulte Hospital for operation a few days ago. Dr. Blackford graduated at Pulte two years ago, and already has a practice that well might be the envy of a man who has been practicing for fifteen or twenty years. All of which goes to prove that good men can do well in Homœopathy, and that there are hundreds of openings awaiting them.

There are too many doctors of the dominant school, but not enough Homœopaths. Whose fault is it? Certainly not the colleges, but the homœopathic profession. Any man who is content to go out and build up a big practice and reap the benefit of Homœopathy, and then make no effort to send a good student to a homœopathic college, and thus build up the cause, can be accused of nothing more serious than down-right selfishness.

Suppose the fathers of Homœopathy had done nothing more than nine-tenths of the homœopathic profession is doing to-day for its up-building, where would we be? It is very easy to stand off and cuss the colleges and send students to schools of the other denominations. Whose fault is it, Mr. Man? Nine-tenths of it is your own. Put the question straight to yourself, some of you prosperous Homœopaths. How much business would I now be doing if it were not for Homœopathy, and I had to join the over-crowded old school procession? And again, How much am I doing to help the colleges that helped me?

Suppose the college professor does get a little honor and advertising out of his position. It does not begin to pay him for the work he does nor the sacrifices he has to make. If you did as much hard work, made as many sacrifices and spent as much money for the cause as he you would desire as much benefit and the profession would be the stronger for your so doing.

The euchre given last month at the Stirling Hotel by the Ladies' Pulte Hospital Auxiliary was a success. About one hundred dollars were cleared.

The December meeting of the Cincinnati Homœopathic Lyceum was held Wednesday, the nineteenth. Dr. J. D. Buck read an essay, "Knowledge of Life."

Dr. Charles Zurmuhlen, of Dayton, Ohio, took for his subject "Arthritis Deformans."

The discussants were Drs. Geohegan and Geiser.

Miss Coolidge, one of the Pulte seniors, recently suffered the loss of her venerable mother.

Dr. A. E. G. Goldsmith, of Greenfield, Ohio, was in the city some days. He was a graduate of Pulte, Class of 1892. The doctor has had to go west on account of sickness in his family.

The Cincinnati doctors are beginning to talk of plans for entertaining the Ohio State Society, which meets here next May.

WASHINGTON NOTES.

BY CORDEN F. WARNER, M. D., WASHINGTON, D. C.

The annual meeting of the Homœopathic Hospital Association of Washington, D. C., was held November 20th, at the Hotel Shoreham.

Major J. M. Carson presided. The association officers were all re-elected, and will serve during the year of 1907, as follows: President, Major J. M. Carson; First Vice-President, Wm. Rufus King, M. D.; Second Vice-President, Mrs. T. W. Dalzell; Secretary, Mr. E. S. Hutchinson; Treasurer, Mr. C. Lyman.

Following the regular custom the secretaries of the various societies and the chairmen of the several committees presented their annual reports. The work of these auxiliary departments has been excellent, materially aiding in the completion and furnishing of the new hospital building and the maintainance of the same.

The attention of the association was then given to the election of hospital trustees. Dr. Ralph Jenkins and Mrs. A. R. Quaiffe were chosen to succeed themselves, while Mr. J. E. Wilkie and Mr. C. Stone were elected as new members of the board. The association has been highly complimented by both doctors and laymen for building and thoroughly equipping the most modern hospital in the District of Columbia.

At a meeting of the Board of Trustees of the Homœopathic Hospital of Washington, D. C., Dr. A. K. P. Harvey and Dr. E. Lathrop were elected to fill the vacancies on the hospital staff caused by the resignations of Dr. J. Branson and Dr. H. I. Silvers.

The ninth annual meeting of the Washington Homœopathic Medical Society was held at the new Willard Hotel on Friday and Saturday evenings, December 7th and 8th. On Friday evening members of the local society read and discussed papers upon the following subjects:

Modern Adjuvants.

Electrical Adjuvants, Charles A. Davis, M. D.

Mechanical Vibration, A. K. P. Harvey, M. D.

Therapeutic Effects of Light, John R. Sharp, M. D.

Drug Adjuvants, Benjamin F. Gibbs, M. D.

These papers, one and all, received most profound attention and created the society's deepest

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interest. The comparative newness of the vibratory and light therapy focused particular interest upon these subjects.

The papers were ably and carefully discussed by Drs. Swartwout, Branson and Buchanan, and much additional information of practical importance added to the individual spheres of treatment.

Dr. S. S. Stearns read a paper on the subject of Homœopathic Drug Therapy, the value of which will probably never be forgotten by those fortunate enough to have heard him. The paper was the strongest and most logical statements of homœopathic principles and drug action heard for many years in the Washington society.

Dr. Stearns' paper was discussed by Dr. R. Kingsman.

On Saturday evening the society had the pleasure of entertaining a large number of visiting physicians.

Dr. John J. Tuller, professor of mental diseases in the Hahnemann Medical College of Philadelphia, was the speaker of the evening. His subject. Neuritis, Neurosis and Neurasthenia, was one of general interest, ond so thoroughly and carefully was it considered that it was of the utmost practical value to every practitioner present.

Dr. J. M. Wilson, professor of neurology in the New York Homœopathic College, discussed Dr. Tuller's paper. Dr. Wilson cited many interesting cases in his own practice, and referred to the various morbid conditions of the nervous system in that precise yet humorous manner so characteristic of him.

The society was happy to hear in the open discussion from Dr. W. B. Van Lennep, Dr. E. Snader, Dr. F. Smith, Dr. T. Youngman, Dr. C. E. Fisher, Dr. Moncure, and Dr. Bailey.

A buffet lunch was served at the close of the meeting.

OBITUARY.

Dr. Henry C. Jones,

Of Mt. Vernon, said to be the oldest practicing physician in Westchester county, died on December 4th, at the age of seventy-three years. Dr. Jones was born in East Hartford, Conn., and received his medical education at the Worcester, Mass., Medicall College and the American Institute of Homœopathy. He had practiced in Mt. Vernon since 1856.

Dr. Charles C. Weaver

Foxchase, Pa., November 1st, æt. 48. Hahnemann Medical College, Philadelphia, 1879.

The new Webster's International Dictionary in the latest edition with a complete reference index is the very best that can be had in the dictionary line. It is and always will be the standard of the English language. Others may come, others will go, but Webster's will never go until it is worn out, and the enterprising publishers will see that it is always kept up to date.

POLK'S DIRECTORY.

To the Editor of the Medical Century:

The criticism of this work on page 380 of your last volume affords me the first and perhaps the best possible opportunity of utilizing a letter found at my home on returning from the Congress at Atlantic City. A little more than seven years ago, for the information of the last French Congress, I started out to ascertain the exact number of homœopathic physicians in the United States. Though still investigating I am farther removed from a satisfactory conclusion in the premises than at the termination of my first trip through the pages of Polk. As I had then succeeded in unearthing one State organization, four alumni associations, and as many clubs, twenty-eight local societies, fifty-four public hospitals in which our school had more or less authority (full, half or third), forty-seven private hospitals, twenty-four dispensaries, and as many institutions entrusted to our care that were practically unknown to the profession at large. I felt that the number of practitioners counted up, 9,369, must be tolerably correct. And yet I saw adequate cause for framing my statement concerning them *not less than*. In 1905 I congratulated myself that official sources of information were available, to wit, the State licensing boards, and accordingly applied to them. Imagine my astonishment on finding some boards keep absolutely no records, while of the remainder practically none can tell whether their licentiates are practicing in Kamschatka or in Australia, or are quietly resting six feet under ground. This solitary fact is sufficient warrant for denouncing medical licensure as gross humbuggery.

There being then, strictly speaking, no State board of registration, nor, so far as I have been able to ascertain, any local board of that description, it follows the only recourse left is a national medical directory supplemented perhaps by the reports of secretaries of State societies or the personal statement of some member of an examining board who is fully alive to the interests of Homœopathy in his State, and keeps himself posted as to its actual condition. In many cases such returns are unobtainable, and in others confessedly very incomplete. Practically, then, taking the country far and wide, we are compelled to rely upon the national medical directory, and more particularly upon Polk's, for I have not been advised by anyone of the existence of another that specifies the style of a practitioner's work.

The difficulties encountered by the publishers of such a directory are well set forth in the subjoined communication, which may pardonably be additionally prefaced with the results of personal observation. Long before especial attention was devoted to this matter I was satisfied all imperfections in a work of this character (barring, of course, occasional typographical errors, inevitably occurring in most carefully prepared volumes) are due solely to the negligent indifference of many physicians to all things that are not obviously directly conducive to their own pecuniary interests. For example, the late George D. Wilcox, a man thoroughly versed in German and French medical lore

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and at one time acknowledged to be the best pathologist in this State, failed to return his information blank to the Polk Company prior to the publication of the first edition. Knowing him to be grossly unmindful of certain matters, upon receipt of the volume I turned at once to his name and found it marked with an asterisk, as expected. A long awaited opportunity had come, and it was immediately improved. Calling at his office I casually remarked, "Dr. Wilcox, I am very sorry to find that you are a quack." "What do you mean?" was his prompt and rather fierce interrogatory. "Oh, nothing," I meekly rejoined, "only you are registered as a quack in Polk's Directory." "I'll make them suffer for it!" he ejaculated. "Oh, no, you won't," was my cool reply. "Yes, I will; I'll make them pay well for it," he added, with intensest feeling. "Oh, no, you won't," I continued, "Polk sent you an information blank, which you did not return. No quack returns his blank." Wilcox subsided, but the next card received was returned properly filled.

(On the other hand, according to my best recollection, a very considerable proportion of my discoveries in 1899 concerning hospital and other institutions arose from the circumstances that members of their staffs saw fit to publish their connection with the same, which was proper enough in itself, but scurvy when conjoined with failure to report also to the American Institute. Their act proved their complete domination by commercialism, their destitution of professional spirit and their proper classification to be tradesmen.)

The listing of certain physicians popularly supposed to be Homœopaths as regulars is due to their authorization of such designation. These men know or they do not know that the words "Regular" and "Irregular" have as fixed and as definite significations when used with reference to medical practitioners as pleurisy and pneumonia have to disorders of the thoracic cavity; that to reverse or in anywise to alter their application is as misleading, is as much of a falsification, in the one case as in the other. When, therefore, they employ these terms with the intent to convey a thought different from that decreed by established usage they at once place in question their intelligence or their integrity, preventing thereby a conscientious homœopathist from recommending them for any purpose whatsoever. They may gain a few shekels, possibly a little ephemeral prestige, but they can rest assured their memory will be held in contempt alike by those whose fraternity they have in a degree repudiated and by those into whose company they thrust themselves.

The absolute impossibility of accurately determining the number of homœopathists in the United States is sufficiently exasperating, but a realization that this is occasioned by a lack of decent self-respect on the part of many and of common commercial honesty on the part of some increases the bitterness tenfold.

Geo. B. Peck.

Providence, R. I., Dec. 18, 1906.

DEATH OF DR. MARK M. THOMPSON.

Dr. Mark W. Thompson, of Chicago, was struck by a train at a grade crossing on December 27th, and, sustaining a compound fracture of the skull, died soon after.

Dr. Thompson was born in the East, and came to Chicago in 1875. For ten years before coming here he was a Congregational minister in Iowa. He retired from the ministry because of loss of voice. Meanwhile, he studied medicine, and was graduated from the Chicago Homœopathic College in 1886. In the year following he went to Austin to live.

Besides being a professor of surgery at the Hering Medical College, Dr. Thompson was a member of the American Institute of Homœopathy, the Illinois Homœopathic Medical College, the International Homœopathic Association, and the Chicago Pathological Society. He left a widow and two daughters.

In Austin he was well known and had a large practice. He devoted much time to church work As superintendent of the Fifty-second Avenue Congregational church Sunday School he did much work among the children of Austin. His Chicago office was in the Masonic Temple. Arrangements for the funeral will be made to-day.

The Harmlessness of Drinking Typhoid Infected Water

Has been asserted by Dr. R. G. Eccles in a paper containing a large number of facts stated in such a way as to give an unfortunate impression that pure drinking water is really not essential. He calls attention to the well known fact that water, as a rule, acts merely as a carrier, to transport the bacteria from the patient to where it can inoculate our food when it multiplies and is then swallowed in enormous numbers. It has been long known also, that the healthy stomach and intestine are able to dispose of quite a number of cholera, typhoid, and other bacilli, so that the majority of those who drink unboiled infected water are not infected thereby. Nevertheless, no one can draw the line and state when the water pollution has become so great as to be dangerous of itself. Some of the worst epidemics of typhoid have undoubtedly been due, to the drinking water directly and not due to the medium of infected foods to multiply the cause. While Dr. Eccles is undoubtedly correct in asserting that typhoid, as a rule, is due to infections indirectly from water, and not directly, it is nevertheless safe to assume that drinking the water may be fatal. Unpolluted drinking water is best, and if it cannot be obtained, then boiling it is in order, for such means have proved to be preventive of epidemics. In spite of its unfortunate impression, Dr. Eccles' paper and all its facts are really the strongest arguments for supplying unpolluted water to avoid indirect infection. As for drinking infected water, experience shows that though it might be harmless if there are very few bacteria swallowed, it is too dangerous a habit to be given the implied approval his paper gives to a careless reader—particularly a layman.

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BUTTERMILK AS AN INFANT FOOD.

This by-product in the manufacture of butter has long been used by the laity in Holland and other European countries as an infant food. But it is only within recent years that its value has been recognized by the medical profession. The Dutch physicians, de Jager and de Mattos, were the firs to call attention to it, and its praises have since been sung by Baginskey, Hubner, Salge, Stoose, von Massanek, Rensburg, Ramsey, and many others Its cheapness and universal accessibility recom mend it for use among the poorer classes. The composition of buttermilk is as follows: Proteids, 2.5-2.7 per cent; fat, 0.5-1.0 per cent.; sugar, 3.0-3.5 per cent. Its sour taste and acid reaction are due to lactic acid fermentation. This is, on the face of it, far from being an ideal infant food; but for some unknown reason it is well borne by healthy infants, and can be successfully given to sick babies where all preparations of sweet milk have failed. The casein is already precipitated in a very fine, soft curd, which is apparently digested with ease. The lactic acid prevents bacterial fermentation. In spite of the low fat percentage, its prolonged use does not seem productive of rachitis or scurvy. The buttermilk should be obtained fresh from the creameries, and sterilized at once, to prevent further acid formation. It may be given pure, or diluted to varying extents, or, as is usually done, prepared somewhat as follows: To a quart of buttermilk is added a level tablespoonful of fine rice or wheat flour, and two to three heaping tablespoonfuls of cane or beet sugar. With constant stirring this is then slowly brought to a boil. It is then poured into hot sterilized bottles, stoppered with sterile cotton and put on ice until needed. When the child's digestion warrants it, the buttermilk may be modified by the addition of cream and sweet milk in varying proportions. The mixture as here described has proved of special benefit in infantile atrophy resulting from chronic dyspepsia. It may also be given in acute conditions, after the usual cleansing of the gastrointestinal tract and withdrawal of food for twenty-four to forty-eight hours. Buttermilk has been found useful by Rensburg in all three forms of indigestion, namely, proteid, fat and carbohydrate intolerance. In the last form the flour should be omitted from the mixture. If fresh buttermilk is difficult to obtain, a condensed, powdered form may be used, several brands of which are on the German market.—Am. Med.

Antitoxin.

Dr. Henry G. Godfrey, of Philadelphia, in "An Analysis of Fifty Cases of Diphtheria" says: "The untoward effects of antitoxin were as follows: Arthropathies of knee and hip, two cases, urticarious rashes in eight. In one the rash was preceded by vomiting and diarrhœa, and the urine showed in crease of albumin and casts. A hectic type of fever developed in convalescence in one patient in whom pulmonary tuberculosis had been previously suspected. All of these toxic manifestations made their appearance between the eighth and eleventh days and were of short duration."

Patent Medicine Habit.

"Drug therapeutics in cases in which drugs do no good represent either mental fatigue or mental myopia on the part of the physician; sometimes mental fatigue because the easiest thing that one can do for a patient when tired is to write a prescription; sometimes mental myopia which prevents the physician from seeing that a habit of giving placebos and of prescribing a medicine for every symptom leads straight to the 'patent medicine' habit.

"Why do people take 'patent medicines' and expect us to give them a drug for every symptom? They were not born with a desire for nauseous mixtures. They acquired it under instruction, ultimately our instruction. From the patient's point of view the net result of the doctor's expensive visits is too often a row of medicine bottles on the shelf. The thrifty patient thereupon thinks he sees a way to get the net result of the doctor's efforts without so much expense. Why not save the middle man, he says to himself, and get the goods direct? So arises the habit of going to apothecaries or to the 'patent medicine' vendors for a cure. When we stop giving placebos, cease acting as middle men for drugmakers and admit to their rightful place the non-medicinal branches of therapeutics we shall deal a powerful blow at the 'patent medicine' evil." —Cabot.

Choroiditis of Owls

And other night birds confined in zoological gardens, and the similar conditions said to occur in men who are exposed to excessive light, are facts which go a considerable way in explaining the use of the great amount of pigment found in those who are exposed to great light in their normal environment. It is a hint which might explain many other diseases of obscure origin. The complexion of the patient should be carefully recorded in every disease, not only in those of the eyes. In time it is quite likely that we shall find that some of us are not as well protected as others, and suffer from complaints which they escape.—Am. Med.

Overlying of Infants.

At a recent inquest held in London in the case of in infant suffocated while in bed with its parents, the coroner stated that about 2,000 infants annually lost their lives in this way in England, there being in the neighborhood of 600 deaths from this cause in London alone.

The Yield of Radium.

It is stated that the radium mines of Joachimstal, in Austria, recently supplied the Vienna Academy of Science with ten tons of uranium ore, and this has yielded a very large amount of radium, which is to be used for research. The mines are being converted into a radium cure resort. A local laboratory for producing radium salts has been established, and the springs are serving as medicinal baths

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Surgery.

ABDOMINAL OPERATIONS WITH PARTICULAR REFERENCE TO THE GALL BLADDER AND THE VERMIFORM APPENDIX.

BY FRANK D. HUMPHREY, M. D., OKLAHOMA CITY.

Late Surgeon-in-Chief, Riverside Hospital, Grand Rapids, Wis.

[Read before the Oklahoma State Medical Institute.]

Abdominal operations in the last fifteen years, especially since asepsis and antiseptics, or rather since the advent of the higher study of the microscope in the pathological laboratory, and surgical technique has been perfected to its present standard, the abdominal cavity is entered with impunity by the surgeon, after the patient has been thoroughly prepared in the hospital. I say hospital, both advisedly and purposely, for the conditions in the home are such as will not permit of a delicate operation within the belly, as you will readily agree. It is hardly possible to have the room and surroundings in a safe and satisfactory condition, and the operator is doing an injustice thereby to his patient and himself.

A few words about the preparation of the patient: I do not presume to say anything new, but we may, refresh our minds and bring out some discussion. It has been the rule in the past to thoroughly empty the bowels, but we are coming to the conclusion that this is partially wrong; it is better to empty the bowels two days previous, then the evening before the operation with a high rectal tube, using an enema of salt solution and repeating the same in the early morning of the operation. We find that the fluid we drain from the patient is just what we need to sustain the patient at the time of the operation and during the convalescing period.

This seems to be a small point, but I assure you it is a very important one. Shave the entire abdomen and genitalia, scrub thoroughly with lime chloride, sodium bicarbonate, green soap, finishing with alcohol and ether the evening before, leaving a pad upon the abdomen of bichloride, over night; the abdomen is treated again by green soap, alcohol and ether, in the same manner the next morning. If in women, the vagina is thoroughly irrigated and tamponed the night before the operation. The solutions I prefer are bichloride, cresoline, lysol and pixcresol.

The veriform appendix in man, as well as in many apes, is the rudimneary representation of a long cæcum, also in many lower animals. Inflammation of the vermiform appendix, or, as is usually termed appendicitis, was known or understood to be typhilitis, stercoreamia, perityphilitis, illio-abscess, etc., the lumen of the appendix is separated from the cavity of the cæcum by a semicircular fold of the mucous membrane, called Gerlach's valve; this valve obstructs the passage of fecal matter into the lumen of the appendix. The arterial distribution of the appendix is from the superior mesentery and feeds the wall of the appendix by an anastomosing branches.

In women there is also an arterial supply from the appendicular-ovarian ligament; the nerve supply is from the mesenteric plexus of the sympathetic. The position of the appendix varies; it is usually behind and to the inner side of the cæcum. The inflammation of the appendix is due to bacterial infection, but this infection may be produced by different micro-organisms, and also by contact, or by adnexial condition, as in inflammation of the ovary of that side; it is well known that bacteria are readily taken up under pressure, whether it be mucous or serous membrane or skin. A swelling or irritation which will produce a closing of the valve of Gerlach's and thereby shut off the excretion through lumen of the appendix, causing infection. The office of the appendix until recently was thought to have no influence whatever upon the alimentary digestion, but it has been demonstrated by my friend, Sir William MacKewan, of Glasgow, Scotland, that the remaining portion of undigested starchy material is here finished by the secretion of the fluid from the appendix. We sometimes find that involution has taken place in early life, a process which is found to occur in which there never were inflammation or evidences of the same. The follicles shrink, mucous membrane atrophies, walls of the appendix grow together; as a result, the appendix may atrophy into a string of connective tissue. The structures of the mucous membrane of the appendix resembles that of the tonsil, both are the seat of frequent inflammation and especially in early life before the follicles begin to atrophy.

The majority of cases of appendicitis occur between the ages of ten and thirty years. Formerly inflammation of the appendix was attributed to some cyst or other foreign body, or a hidden mass

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of feces; in many instances is found a hard lump of feces or calculus fecal mass.

Indiscretion in diet, constipation, alcoholic excesses may transform a latent appendicitis, traumatism, such as a blow, or fall, may increase a latent inflammation. Violent exercise in those leading a sedentary life, will also encourage latent inflammation, and the patient may never be aware of the condition until such occurrences, as have been mentioned above. Edebohls calls attention to the frequency in which the movable kidney is associated with inflammatory condition of the appendix vermiformis; he gives the percentage not less than sixty per cent.; he found that fixation of the kidney exerted a favorable influence over the appendix, so that in mild inflammatory conditions of the same the improvement was noticed at once.

Cramps in persons having a movable kidney are frequent, and are marked by a sudden onset, and resemble very much an attack of an appendicitis; such patients must be examined under an anæsthetic. From the pressure caused by this movable kidney you may also have an inflammation of the biliary tract, cholocystitis, pericholocystitis, cholothemia, these conditions will cause you considerable trouble in making your diagnosis.

Symptoms of appendicitis. It is well in describing the symptoms to enumerate at the time of the attack, and also those intervening the attack. These are transitory colicky pains in the abdomen, slight disturbances of the stomach, kidney, liver and bladder, without visible cause, therefore, pains are often called rheumatic or nervo-hysterical symptoms, which in women are referred to the pelvic organs; if we make a careful examination of such a patient we will find a tenderness or pressure in the region over McBurney's point; these symptoms may or may not precede the attack. If in making the diagnosis by the statement of the patient you will most certainly make a diagnosis of indigestion, gastric catarrh. etc. The pain is not definitely located at first by the patient who will lay the palm of their hand upon the abdomen or epigastrium; in twenty-four hours to forty-eight hours later the patient will point with the end of his finger over the region of the appendix. The pain may be sharp or a dull aching, radiating down the testicle; the pain may be entirely in the back, radiating down the testicle and thigh, resembling very closely renal calculus, and is usually increased by vomiting or coughing. Gastro-intestinal disturbances are usually present, nausea and vomiting, which in mild cases is neither severe nor prolonged or common at the outset. Constipation is usually and may be so severe as to create or simulate intestinal obstruction, but it must not be forgotten an initial diarrhœa may be present, especially in children or early adult life; palpation over McBurney's point will reveal a localized tenderness. As Fowler well says, circumscribed tenderness over McBurney's point, right illiac fossa, is as diagnostic of appendicitis as rusty color sputum is of pneumonia. If to the symptoms just mentioned are added nausea, vomiting and right rectus muscular rigidity and tumor, the diagnosis is absolute; although you may not have all the foregoing symptoms plain and the diagnostic conclusion may be hard to arrive at, and the expert diagnostician may be tripped, as there may be deviations in location and in the severity, and the manner of outset, and an occasional lack of correspondence between symptoms and the actual local conditions may deceive you. For example: The disease may begin with diarrhœa and may be mistaken for catarrhal enteritis; mild cases of limited duration or self-limited disturbances are sometimes called biliousness or cold, etc. In other words, the symptoms are insignificant, and the patient may be carrying around within him a large appendicular abscess, and in most cases may have subnormal temperature; rectus muscular rigidity may be lacking if the peritoneum is not involved.

Differential diagnosis, renal calculus, acute cholocystitis, indigestion and entero-colitis, acute intestinal obstruction, typhoid fever, salpingitis, oophoritis or ectopic gestation, dielscrisis, perinephritic abscess, tubercular peritonitis, appendicular colic. Removal of the appendix, or the operation in a case of an appendicitis, will largely depend on the condition of the same. If suppuration has been excessive then the evacuation of the pus only, not removing the appendix, is considered the best treatment. This, of course, may mean a second operation. The idea of an early operation is the sensible and safest procedure in all cases, for in the early operation the risk is almost nil, and delay is certainly dangerous, and any physician that will allow his patient to run a course of appendicitis and treat the same by medication, is certainly doing his patient and himself a great injustice. I know and expect you will take issue with me in the discussion, but let that be as it may, I am sure that the day will come when you will agree with me.

The purpose of this paper is particularly a treatise or thesis on appendicitis and gall bladder conditions. In taking this subject I was fully aware of the magnitude of it, and can, of course, treat the subject in a superficial manner only. Chololithiasis occur mainly in women, about seventy-five per cent. Predisposing conditions are overeating, constipation, sedentary occupation, tight lacing, enteroptosis. While small concretions may form in the liver itself and cause symptoms of gall stones and originate in the liver, yet the great majority of gall stones form in the gall bladder. Calculi may, and usually do, remain in the gall bladder for an indefinite period without giving rise to symptoms of any kind. In hepatic colic we may have had previous attacks the same as in appendicitis, vomiting and constipation is present in both, and the patient cannot tell just where the pain is; but in hepatic colic, if it is associated with jaundice, then our conclusion is usually arrived at comparatively easy. There are those who also suffer from periodical attacks of so-called indigestion, or similar conditions as in appendicitis.

Treatment: While there has been a good deal said pro and con in the treatment of gall stones, yet, I am lead to believe and feel sure that the only treatment is surgical for gall stones, the same as in appendicitis. The ideal cholocystostomy consists in closing the opening after removing the calculus from

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the gall bladder with two rows of sutures and returning the same into the abdominal cavity with or without drainage. This operation has the advantage of avoiding a temporary biliary fistula.

It can only be used when the gall bladder adnexia is in healthy condition and the ducts are not closed. This is a safe operation in proper cases. Cholocystoenterostomy may be done by use of the Murphy button; this, of course, would be called for in cases of stenosis of the common duct, or degenerate condition of the same; care should be taken to prevent the bile flowing back into the abdominal cavity, and this condition the same as in appendicitis should be operated on early following the advice of Riedel.

Case No. 1.—Mr. J., superintendent of schools, on Friday evening after school closed, with a large heavy scythe mowed some weeds in the yard, became very warm and tired, as he had not taken any violent exercise in a good while. About 4 o'clock the next morning he awoke with a violent pain in his back on the right of the kidney; pain in the back entirely with radiating pains down the testicle and thigh, freqeunt micturition, vomiting, no fever. I diagnosed this case at first as renal calculus, and for twenty-four hours looked as though my diagnosis was correct; the patient was moved to the hospital; pains shifted to the right iliac fossa, and I was compelled to operate for appendicitis, and did so.

Case No. 2.—Mrs. I., the patient, had frequent attacks of vomiting, pain in the abdomen as usually accompanies appendicitis or gall stones, but had been diagnosed by different good men as gastric catarrh, slightly jaundiced.

I operated on this patient also, and found the gall bladder literally full of concretions. She made an uneventful recovery, and since had no gastric symptoms. I am certain that this is true, more than we are willing possibly to admit, that mistakes of this kind are frequently made, the cases are often referred to as cases of indigestion when they are gall stones or appendicular indications of some nature. Many cases are not even examined and let slip through our fingers, going from physician to physician, ailing all their lives if they are not fortunate enough to fall in the hands of a careful diagnostician and relieved by surgical interference. These conditions are determinable, and the lesions of the gall bladder should be found.

References, Warren Gould, surgeon; E. V. Bergman, Butler.

Basset Building, Oklahoma City, Okla.

Arthur P. Hitchens, M. D., succeeds J. J. Kinyoun, M. D., as director of the biological laboratories of H. K. Mulford Company.

Dr. Hitchens has been connected with the Mulford biological laboratories for the past eight years, during the greater period of that time having had personal charge of the preparation of Antitoxins and Curative Sera. He is well qualified to conduct scientific work connected with the production of antitoxins and biological products.

Therapeutics,

THE BABY'S MOUTH.

ARRANGED BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

DENTITION.

Aconite.

Constant restlessness; great thirst; heat about the head; acute febrile symptoms. "Nervous erethism and vascular excitement" is suggestive of Aconite.

Belladonna.

Starting in sleep; face flushed; jerking and twitching of muscles as if convulsions were impending.

Chamomilla.

Perpetual hyperæsthesia; starting and jumping. Child is cross, wants to be carried. Stool apt to be soft and charged with sulphuretted hydrogen; if there be diarrhœa accompanying, the passages look like white of egg mixed with greens. The gums are liable to be tender. Tooker says: "But the remedy of all remedies and the one most often called for during the teething period is Chamomilla. This remedy is to children what Pulsatilla is to women, a veritable vade mecum." He further states: "Aconite, Belladonna, Chamomilla and Gelsemium form a quartette of remedies that will meet nearly every indication arising in the course of teething, where remedies are called for."

Chamomilla has severe neuralgic pains. These pains may be the cause of the unexplainable and prolonged crying and fretfulness manifested by babies who are usually good-natured and healthy.

It must not be forgotten that the typical Chamomilla baby is non-dyscrasic.

Dr. J. Roberson Day (London) says of Chamomilla in "teething troubles." "The troubles ascribed to teething are legion, and there is no doubt that most children suffer from some constitutional disturbance at this time. There is fretfulness, restlessness at night, great increase of saliva, flushed face, particularly one cheek; there may be convulsions or diarrhœas or an attack of bronchitis. There is no better remedy to meet all these symptoms than Chamomilla."

Mercurius solubilus.

Dr. Day further says the teeth of children are very liable to decay; gumboils and a general condition of ill health resulting from septic absorption. Beside, bad teeth are frequently the cause of inflammation and induration of the glands below the jaw. Decayed teeth should be removed for the general health of the child will hardly improve with them embarrassing mastication, producing toothache, and, perhaps, worst of all, yield a poison that is taken up constantly by the absorbents. Mercurius solubilis 3x, every three hours, is often of signal service in such cases, relieving the pain, improving the condition of the spongy, bleeding gums.

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Kreasote

Is also a remedy which has characteristic tooth and mouth symptoms indicating a depraved nutrition which may be congenital or acquired. The dentition is painful, the teeth becoming carious as soon as they appear or soon after. The gums tend to ulcerate and are spongy with oozing of dark blood which clots, soon giving the mucous surfaces a putrid appearance, and so soon as the blood decomposes the odor is also suggestive of putridity. This appearance should not be mistaken for a real gangrene, it may not really be as bad as it appears, superficially, to be.

Staphysagria

Also has early decay of the teeth. They seem to crumble, leaving black stumps. The gums are retracted. Before a differentiation can be made between remedies that have similar local symptoms, the general condition of the patient must be considered such as the modalities, concomitants, causes, etc.

Farrington says: "Staphysagria may be indicated in children who are weak and broken down as the result of syphilis or sycotic inheritance. In such children you will almost always find the teeth decaying rapidly. Scarcely are the milk teeth full grown, than they become black in creases or spots, and crumble away. In this respect Staphysagria rivals Kreasote, than which there is no remedy serves better for the premature decay of milk teeth, when first they become yellow, then dark and finally decay."

Coffea.

Upon its indications Coffea should be quite reliable with children, as they are not immune to its effect, as very many adults are, owing to the coffee habit. The child is sleepless and agitated; is, perhaps, good, and then suddenly cries, appearing to suffer acute, neuralgic pains. "It will quiet the patient and actually favor the growth of the tooth in a painless manner. Where Belladonna is indicated, the child is sluggish and stupid and would like to sleep. With Coffea there is excitement everywhere. The child hears things the mother can not hear, sees things, imagines things."—Kent. The senses are all too acute. It is somewhat like Chamomilla in the nervous and mental sphere. Chamomilla child is, when ill, peevish, ugly and dissatisfied, wanting to "change hands" from mother to father, to nurse, then back, and is resentful to all. The mouth feels better for a moment from cold. The face usually has a red spot on one side. Coffea is relieved permanently by cold water, and has the extreme hypersensitiveness of nerves, especially those of the special senses.

We often hear of prenatal medication, in which I am a firm believer. In case the mother has been a confirmed drinker of strong coffee before confinement and continues the habit afterward, is it not possible that the child may be poisoned and manifest a proving of Coffea? Stop coffee drinking in mothers whose babies are irritable. Chamomilla is the antidote to the nervous tension and excitability produced by coffee.

Ferrum phosphoricum.

This remedy sometimes affords prompt relief when the febrile conditions, although being as acute, are not so turbulent as in Aconite. Raue says: "Is especially useful when the respiratory tract becomes involved; indicated by rapid breathing, hard, dry cough, hoarseness and restlessness."

Calcarea.

There is a group of remedies that may be called tissue remedies, although not in the sense that Schussler used the term. It includes those valuable elements and physiological principles that are found naturally in the body. As remedies, they are prepared from different sources, some of them, like Calcarea carbonica, from materials that have been associated once with animal life. Among these tissue components are Calcarea carbonica, Calcarea phosphorica, Silica, the Magnesias, Sulphur, etc. These remedies, with a large number of others, have been called "antipsorics." Since they are the great correctives in dyscratic conditions or pathological states the outgrowth of dyscrasiæ it is well enough to group them by themselves, although the term antipsoric can not be applied nowadays in the original sense. They are deep acting, rather than functional, remedies, and usually correspond to perverted states of the patient's general condition.

Calcarea carbonica,

Or, as sometimes designated, Calcarea ostrearum, should be prescribed, usually, upon the general systemic conditions of the child. There is defective bone development as manifested by large open fontanelles, slow dentition, sweating of the head during sleep, wetting the pillow, etc. The child is usually full in the abdomen but his tissues are soft, flabby, fat, too much fat and not enough hard tissue. He may be full or even excessive in weight of body but deficient in bone and muscle. The stools are, if changed, apt to be chalky. If you wish to see the Calcarea carbonica type of child whose body is plump, face half-mooned, still poorly nourished and non-resistant, observe the children in the advertisements of infant foods.

The Calcarea carbonica child has a tendency to tubercular gland diseases—scrofula.

Calcarea phosphorica.

There is no danger of confusing this Calcarea with Calcarea carbonica. Instead of being full-bodied, full-faced, full-sized, it is weasoned and less precocious. It is thin and emaciated with sunken abdomen; usually has a lienteric diarrhœa which helps to promote the general feebleness. The head appears too large, which is a delusion arising from the contrast with an emaciated body. The cranial bones are thin (egg shelled), may crepitate upon palpation and have a clam shell movement. There is a tendency toward tubercular bone disease manifesting itself in spinal curvature. The teeth develop tardily. The child evinces no disposition to walk or even to stand alone.

There are other remedies that should be looked up in cases with which the foregoing do not correspond. Cicuta virosa is suggested by grinding the teeth, in convulsions particularly. Cina has

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rubbing the nose, pale face and stiffness of the body. Symptoms like those produced by intestinal irritation of worms often indicate Cina. Magnesia carbonica may take the place of Calcarea carbonica, if there be sour stool, rejection of milk and malnutrition without the sweating of the head, the dampness of the feet and the enlarged abdomen. Sulphur is suggested by dirty-faced, course-skinned children that resist being bathed. The sulphur patient wants to be fed at eleven in the forenoon, even if he have no appetite at any other time. Arsenicum album: The child is thin, pale, weak and probably has undigested fœtid stools; wants a sip of cold water often. Children that are very poorly nourished, who suffer from what appears to be a deep irritation of tissue, may require this drug before getting quite right. Apis mellifica: Has cerebral symptoms, is usually also poorly nourished. The gum covering the tooth may look like a little sack of water. The Apis patient is thirstless and has a scanty flowage of urine.

In the convulsive seizures which are very frequent in children and less significant of serious or fatal complications, especial attention should be given the exciting cause and in selecting the remedy, the features of the convulsion must be carefully noted. Belladonna, Stramonium, Cicuta, Apis, Cina, Chamomilla and a long list of other remedies have decided symptoms that at times are portrayed in convulsions. The differentiation must be made, usually rapidly and discriminatingly.

STOMATITIS.

Local Remedies.

Much relief is experienced from bland local applications in many cases. In simple catarrhal stomatitis the mouth should be washed thoroughly but delicately with sterilized water. Cold water is usually very agreeable to the child. Borax dissolved in water is very good, locally. Permanganate of potash, 1 grain to an ounce of water, is of use in severe forms. Hydrastis water, half-and-half, is of great benefit, but tastes bitter. When hydrastis is indicated internally, as it often is, it may be used locally at the same time. The same is true of Borax, Calendula, Arnica, Baptisia, Echinacea, Eucalyptus and some other remedies. There can be a great number of washes, some of which are as useful as those mentioned. A good many commercial preparations, which are made agreeable by scenting and flavoring, are popular, but the bases of them are the drugs mentioned upon this page.

The mucus of the mouth and especially the excessive secretion provoked by the sores is usually acid and excoriating. For this reason, especially in severe forms as in thrush or paratitic stomatitis, alkali washes are useful to neutralize the acid fluids which favor the growth of fungi and other organisms. Borax, the sulphate of soda or chlorate of potash, properly dissolved, are the cheapest and among the best drugs for this purpose.

In obstinate cases of thrush some advocate touching the patches with a 2 per cent. (not stronger) solution of nitrate of silver. This treatment should be followed by rinsing the mouth with salt water.

Observe, once more. Scrupulous cleanliness must be observed and hygienic conditions made good or as good as possible.

Internal Remedies.

Mercurius.

"We have found Mercurius solubilis h., 3x, eminently satisfactory given in trituration, a powder of perhaps two grains every three hours. This preparation of Mercury we have used with prompter effect than other preparations of this drug."—Tooker. Mercury is indicated specifically by ulceration, fœtid breath, excessive flow of saliva, involvement of submaxillary glands, etc. "Small wounds bleed easily," is a marked Mercury symptom.

It frequently happened years ago and sometimes happens now that cases coming from allopathic hands have been salivated by some mercurial. We have then to differentiate between a case of drug poisoning and an idiopathic condition. Children are very susceptible to calomel and other mercurials. Hepar sulphur is the antidote to ordinary mercury poisoning.

Hydrastis.

There are two remedies that have catarrhal secretions which are tenacious and stringy, viz., Hydrastis and Kali bichromicum. With Hydrastis there is more irritation, with Kali bichromicum the mucous is more tenacious and exceedingly stringy.—Dewey. The sore mouth of Hydrastis has ulceration with tenacious mucus.

Nitric acid.

There are some remedies that have marked acridity of the discharges, two of them are Nitric acid and Arum triphyllum. Nitric acid has prickling, stinging pains. The "raw" places are very painful, the aphthæ whitish. Patient liable to have excoriating diarrhœa. It also antidotes mercurial poisoning if the salivation be exceedingly excoriating. Personally, I have repeatedly cured "canker sores" with this remedy, in many cases using a few drops of the 3x dilution in water. We frequently hear the term "canker sore mouth" by which the laity mean what is clinically classed as aphthous stomatitis. Cancrum oris of the books is the gangrene of the mouth; being a very rare disease and not met except in the poor and densely populated urban districts.

There is another remedy characterized by excoriating, thin discharges that leak from the mouth and make the lips, chin, cheek and other parts of the face sore where it dribbles or otherwise comes in contact with them. Sometimes in infectious catarrhal diseases as scarlet fever, diphtheria, etc., there will be an ichorous discharge from the mouth and nose. The fluid from the nose may make the upper lip sore and excoriate the inside of the nose. In such cases Arum triphyllum has changed the entire expression of the disease for the better.

Arsenicum album

May be needed to correct the pernicious tendency that children acquire as manifested by emaciation, irritability of nerve and other fibres, prostration,

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dryness of the mouth, thrush with exhaustive diseases (symptomatic), "low types with restlessness."

Baptisia.

This is the first remedy suggested by Raue in ulcerative stomatitis with great fœtor of breath. There is a tendency to typhoid state with offensive diarrhœa.

Bryonia.

The mouth is usually dry; child thirsty; lips parched and rough; refuses to nurse but "takes hold" when once "fairly at it."

Borax

Has already been mentioned as a mouth-wash. It may be applied also as a dry powder either crude or in trituration. It has a good many symptoms demanding its internal administration as "aphthous inflammation, as a concomitant of the diarrhœa. Aphthæ form in the pouches on the inside of the cheek, on the tongue and in fauces. The mouth is hot. The child lets go of the nipple and cries with pain."—Farington. The dryness of Borax resembles that of Bryonia. The symptoms are considerably like those of Mercurius with the exception that Mercurius has an excess of fluid, and with Borax the mucous surface is not moist enough.

Ophthalmology.

ON THE PERCEPTION OF LIGHT AND COLOR.

A. E. IBERSHOFF, M. D., CLEVELAND. O.

Light is a purely subjective sensation. Those radiations which affect the eye to produce this sensation are possessed of no distinguishing characteristics over others which do not so affect it. Light is, correctly speaking, a physiological phenomenon, and its limitations are, therefore, entirely independent of the radiant energy which produces it. The so-called "visual spectrum" is an arbitrary term which expresses the range of activity of the perceiving organ. This capacity is, of course, a variable one, not only with regard to different races and individuals, but in the same subject at different periods of life. For certain individuals are able to see beyond the spectrum as defined by others and younger subjects are more sensitive to certain radiations than are those of advanced years.

Interesting in this connection is the fact that the visual organs of some of the lower forms are sensitive to radiations which the human eye does not perceive. A notable example is that of ants, which react most readily to ultra violet rays, vibrations well beyond the visible spectrum and ordinarily classed as "chemical" rays. The failure of the human eye to perceive these rays is due to the absorptive power of the dioptric media interposed between the incoming radiations and the retina. The importance of this absorption will, I think, become evident in the course of this discussion.

There is every reason to believe that the rods and cones of the retina constitute the agency by which incoming radiations effect changes capable of transmission to and conscious recognition by the brain. For, if light falls upon the retina, we know we see it only after it has reached the sentient layer, therefore justifying the above conclusion whatever the contributing factors. That the pigmented cells of the retinal epithelium play an important role is suggested not only by the fact that they are always present, in every normal eye, but further by their demonstrable changes during and after light stimulation, as well as by their intimate relationship to the rods and cones during the activity of the latter. Yet the function of this membrane is clearly secondary and not directly concerned in the chain of events by which the incoming energy occasions the nervous impulse.

Retinal Anatomy.

Recent investigations of the retina have demonstrated that very frequently several rods are attached to a common nerve fibre while the cones, especially those of the fovea centralis, have each an individual central connection. This condition has long been anticipated as being essential in accounting for the discrepancy in the number of sentient endings and that of the fibres of the optic nerve. For it is estimated that there are no less than 113,000,000 rods and 7,000,000 cones in the percipient layer, whereas connected with them are only 1,000,000 nerve fibres. Of the cones 4,000 are found in the fovea and from 8,000 to 13,000 in the macula lutea, the remainder being interspersed among the rods of the retinal field forming a mosaic, their relative number decreasing toward the periphery where they are entirely absent or represented only by degeneration forms. The rods are entirely wanting in the fovea, while those found in the macula are comparatively few and morphologically resemble the cones. Corresponding to the mosaic of the rods and cones of the retina is an equally regular mosaic of ganglion cells in the cortex of the occipital lobe of the brain, in the lobule known as the cuneus, where Munk has located the cortical center of vision. Impulses in the retinal end organs reach the brain center by means of the optic nerve fibres, each independent of the other and each creating one and only one sensation or impression. Although the path traversed by these impulses from the retinal elements to the cuneus is neither continuous nor direct, the chain of conducting fibres involved gives every evidence of physiological unity.

General Nervous Phenomena.

In seeking an explanation of the activities of the nervous system we assume that its elements possess potential energy. Furthermore, that the capacity of the cell for storing this potential energy is a definite one under fixed condition. If the cell be stimulated the potential energy there stored up is liberated when the following phenomena may be observed:

(1) A brief period during which the effect of the stimulation reaches its maximum. (2) A period of continued stimulation during which the effect diminishes in consequence of the using up of the substance containing the potential energy, i. e., a period

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of fatigue. (3) A period after the stimulation has ceased in which the effect slowly passes away. We can illustrate these phenomena in a crude way by means of an ordinary watering trough supplied with inflow, outflow and overflow pipes. When the outflow pipe is closed and the inflow pipe is opened, the water fills the tank up to the level of the overflow into which the excess then passes. The water contained in the reservoir represents a definite amount of potential energy while that passing into the overflow pipe represents the conversion of potential into kinetic energy. The quantity of the overflow depends on the amount of the inflow and varies directly with it. If the outflow pipe be suddenly opened there results a marked increase of outflow, while the quantity of available water in the tank is gradually reduced until the outflow again equals the inflow. Closing the outflow pipe results in the refilling of the tank when the original conditions will have ben restored.

When a nerve is irritated the resulting reaction changes manifest themselves as some form of activity or sensation. Hence the distinction between motor and sensory nerves; yet in the words of Helmholz "No difference in the structure and function of the sensory and motor nerves is known which could not be derived from their different connections with other organic systems. The fibres themselves seem to play only the part of indifferent conductors, which work as motor or sensory nerves, according to whether they are connected with a muscle or a sensitive part of the brain. Furthermore, by the stimulation of every sensory nerve fibre only such sensations arise as belong to the region of special sense and every stimulus which is able to excite the nerve fibre, irrespective of its nature, produces only sensations of this special character."

Bearing in mind the analogy existing between the nerves causing muscular contraction and those causing sensation, a brief review of the phenomena observed in motor neurons will be of value as serving to illustrate the unity of action of the general nervous system. While life exists the nerve fibres are under constant stimulation of varying intensity evidenced in case of the motor nerve by the so-called "muscular tone," partial contraction without peripheral stimulation which ceases when the nerve is served. It is only when the variation of intensity of the stimulation reaches a point sufficient to give rise to a demonstrable reaction that we recognize this activity. The well known psychological axiom that we recognize changes rather than conditions finds a ready application to the case in point. The degree of adequateness of this variation is not fixed but dependent upon numerous factors, primarily the physiological or chemical condition of the nerve and its end organ and the nature and efficiency of the disturbing force. These factors are, of course, purely relative.

Quite similar to the phenomena above enumerated are those which characterize the functional activity of the retina. When light strikes the sentient layer a brief period intervenes during which the stimulation reaches its maximum. Then follows a period of continued stimulation with gradual and increasing fatigue, and finally a period during which the effect slowly passes away. Like other nerve cells those of the retina continue to discharge in a rhythmical manner after the cessation of the stimulus, producing the phenomena of recurrent images. Each of these concomitants is varyingly determined by the wave length, intensity and duration of the entering light.

Retinal Physiology.

The fact that the retina is equipped with two different types of nervous end organs would lead us to anticipate at least two distinct sensations. The existence of these two has long been known, but it remained for more recent investigations to define clearly the roles played by the rods and cones respectively in the performance of the visual act and to add a third sensation which is manifestly a combination of the other two. Retinal physiology, therefore, comprises three distinct sensations, viz., (1) Luminous sensation; (2) visual sensation; (3) chromatic sensation.

Luminous Sensation.

By luminous sensation is meant the mere perception of light without definition, i. e., without perceiving form or outline. If a small luminous surface be viewed in the dark it will be perceived as a diffused spot with indistinct outlines always much larger than it really is. This apparent enlargement is explained by the diffusion of the luminous impression on the retina or in the nerve centers and by the fact that numerous rods are attached to the same nerve fibre. To perceive the correct size and shape of the luminous spot, in other words, to obtain a sharp perception of its boundaries, a stronger illumination, i. e., increased intensity of the incoming light is required. Luminous sensation is clearly the function of the rods and their contained purple pigment, for it is absent where the rods are wanting, i. e., at the fovea, feeble in the macula where the rods are few and most active in the remainder of the retinal field. Stimulation of the rods by light of any color whatsoever gives rise to the sensation of faint white or gray. Their independent activity never gives rise to color sensation, proof of which is the absence of the color sense (normal Daltonism) at the periphery of the retina where the rods are most numerous. Further support of this truth lies in the fact that animals living in the dark, such as the bat, mole, hedgehog and nocturnal monkey, have retinæ composed exclusively of rods, and are, therefore, termed "rodseers." Such retinæ are color blind and perceive a sun lighted landscape much as a normal eye would see it by faint moonlight, all objects assuming the sombre hue of a ghost-like gray.

But the loss of the function of color vision is compensated by the increased sensitiveness of such retinæ to very weak illumination, rendering such an eye more serviceable at night than is the polychromatic eye. The explanation for this increased sensitiveness is found partly in the fact already alluded to, that several rods are frequently found attached to one nerve fibre, the purpose of which seems to be the formation of a cumulative stimulus

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by superadding a number of lesser stimuli from as many points of impact.

Another and more potent factor in the retinal sensitiveness to weak light lies in the ready renewal of the rod pigment. This neogenesis is brought about through the agency of the retinal epithelium, the cells of which send their prolongations inward to envelop the outer limbs of the visual cells. By the activity of these cells, materials taken from the blood are combined to form the rod purple which is conveyed to the sentient elements through the cell extensions.

Luminous sensation or rod vision is effected by a chemical decomposition of the rod pigment, for, when light strikes the rods, the purple is bleached, becoming first yellow and then white. Light must be absorbed before it can produce chemical decomposition. Luminous sensation, therefore, varies directly with the absorption of light by the rod pigment. The fact that rod purple is more readily bleached by the less refrangible rays, while rod yellow shows the opposite condition, is, therefore, readily explained by the difference in absorptive power.

Rod yellow is a partially decomposed purple capable of being reconverted into purple by the activity of the secretory epithelium, while rod white represents a complete decomposition of the purple, the neogenesis of which is obviously slower than that of the yellow. After stimulation all three pigments will be found present in the retina in varying proportions, their relative admixture determining the color and hence the absorptive power of the retina. That the action of light on the retinal elements results in the development of an electro-motive force measurable by a galvanometer was known even before the discovery of the visual purple. Since that time it has been shown that this electro-motive force differs for different radiations, increases after the retina has been rested and is most pronounced in those animals in which the purple predominates. These facts would tend to prove that the electrical energy, which constitutes the rod stimulus, is the direct result of the decomposition of the rod purple. The disengagement of this energy would appear to be quite independent of the life of the cell within which it takes place, for bleaching of the purple may be observed in dead retina and even in solutions of purple. We may conclude, therefore, that the liberation of energy takes place in situ, and that the bleaching of partially decomposed purple found in the surrounding plasma as a result of retinal stimulation fully accounts for the blurring of the image by dim light.

Visual Sensation.

We have so far considered the more primitive function of light perception, the appreciation of indistinct, indefinite stimuli, devoid of form, outline or color. The faculty of visual definition or the perception of form requires that the intensity of the stimulation be increased. When the eye begins to see by direct vision it is proof that the fovea and hence the cones are responding to the stimulation from which we conclude that the visual sensation is the function of the cones. This conclusion is borne out by the fact that visual definition is most marked at the fovea and diminishes with the numerical decrease of the cones as we approach the periphery. Observations and experiments indicate that it varies with the energy of the incoming light, and that its threshold, i. e., the minimum energy necessary to produce it, is a constant and unchanging quantity. In other words, the cones, unlike the rods, do not share in retinal adaptation, for they contain no demonstrable light sensitive pigment, and are not equipped for rapid recuperation of their functional power.

The rudimentary eyes found in some of the lower invertebrates consist essentially of a nerve ending imbedded in a dark pigment and covered with a transparent refracting medium for the purpose of converging and intensifying the transmitted light rays. These primitive ocelli are apparently organs of temperature, the light being concentrated upon the pigment which absorbs and converts it into heat. This arrangement constitutes a rough prototype of the developed mammalian eye so far as the cones are concerned. For the cones, which are highly refracting, colorless bodies, are partly imbedded in the brown pigment of Jacob's membrane. This pigment is capable of absorbing light independent of its wave length and converting it into heat energy. The stimulation of the cones resulting from the increased temperature would vary, as it does, with the intensity of the incoming light and visual sensation would then be paramount to the sense of temperature.

Attention was called at the outset to the absorptive power of the fluid and semi-fluid media of the eye for the so-called chemical rays. These media show a similar disposition toward rays of great wave length, known as infra-red or heat radiations. The interposition of these media has therefore a double significance in bringing about the individual stimulation of the perceptive elements. If the mere acquaintance of the possessor with the presence of light be sufficient, a superficial nerve ending equipped with pigment would suffice. And indeed this constitutes the entire mechanism of the rudimentary eye spots of the lowest invertebrates. To individualize the stimulation of the sentient end organs the absorption of indefinite radiations becomes imperative. By the interposition of transparent media, these disturbing rays are prevented from reaching the retina, only those radiations falling within the limits of the visible spectrum being transmitted to the nervous layer. By their transformation in the retina into the one or the other form of energy a definite sensation is effected. Those retinæ which are composed exclusively of rods must transform all of the entering light into chemical energy while those others, in which the cones alone are found, must change the radiations entirely into heat. That both of these processes may go on simultaneously is the necessary conclusion in connection with the higher form of eye in which both percipient elements are represented.

Chromatic Sensation.

Having defined the specific roles of the rods and cones, no other functional attribute can be assigned

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to them individually without going counter to the law of "one nerve, one function." When the two sensations are produced simultaneously the resulting psychical impression cannot be identical with either of the contributing sensations. This fact makes it possible to account for the presence of a third retinal attribute, the chromatic sensation.

If the eye be directed toward a plate of platinum which is being gradually heated by an electric current, it will be found that no sensation of light is produced until the temperature has reached a definite point (for the rested eye about 400° C.). The radiations then evoke the sensation of an ill-defined grayish light, which disappears through a conscious effort to see it more distinctly, showing that the cones cannot appreciate it. At this point the rods alone are responding to the stimulation. If the temperature of the plate be increased the unsteady gray gradually changes to a reddish hue, which does not disappear on direct vision showing that the threshold of conal activity has been reached. The temperature of the plate is now 525° C. An increase to 600° C. produces the sensation of a fiery red. By further raising the temperature the intensity of the radiations is increased rapidly and at the same time assumes those hues produced by adding to red, yellow, green, blue and violet, finally becoming a dazzling white. This experiment tends to show that no color sensation is possible until the intensity of the stimulation is sufficient to affect the cones, yet is does not justify the conclusion that the cones alone produce it unless it can be proved that the rods have ceased to respond. That chromatic sensation is not effected by the cones alone, but involves the combined action of both rods and cones, can be proved by eliminating either of these components whereupon no color perception is possible. The activity of the cones can be eliminated by reducing the intensity of the light sufficiently so that the rod purple alone is effected when, as we have seen, light of any color gives rise to the sensation of gray or faint white. Again, we may eliminate the activity of the rod purple by exposing the eye to light of such intensity as to reduce their function below that of the cones, when light of all wave lengths will again be perceived as white.

Briefly stated, every color phenomenon is the retinal expression of the relative activity of chemical and heat energy. At the red end of the spectrum the heat energy predominates, while at the violet end the chemical energy is greatest. Whatever be the form assumed by the incoming light as a result of the retinal activity the photoæsthetic energy is necessarily the complement of the heat energy under constant conditions. And as the photochemical activity is determined by the amplitude, and the visual sensibility is proportional to the intensity or absolute energy of the incoming light, the chromatic sensation is an expression of the mean between these two.

Finally, if the perception of colors involves the activity of both rods and cones it must be absent where either of these end organs are wanting. We find, as a matter of fact, that color vision at the fovea and at the periphery of the retina is practically nil, that it is greatest in the macula, and that it decreases gradually as we approach the outlying field. This decrease, furthermore, is not identical with that of the visual definition. Visual sensation in any given area of the retina is determined by the number of cones involved in the stimulation of such an area and by the intensity of the light. The intensity, remaining constant, the faculty of visual distinctness decreases in the same ratio as do the cones in approaching the limits of the retinal field while the chromatic sensation, which involves also the rod function, decreases less rapidly.

If visual sensation, which, as we have seen, is a variable quantity, constitutes one of the factors entering into the perception of colors it is quite impossible to define the extent of the retinal field involved in any given color sensation except for a given intensity of illumination. The intensity being disregarded only the relative field of any given color as compared with others can be indicated.

Conclusion.

It is hardly necessary to mention in closing that theory enters to a very considerable extent into the several phases of the subject we have considered. For when we invade the field of retinal physiology, it is evident that we are on dangerous ground owing to the lack of positive and demonstrable facts. Yet, thanks to the patient labors of the many investigators who have turned their attention to this fascinating field of research, we are in possession of a wealth of observed phenomena on which to base our conclusions. And while these are but logical deductions, they must serve as the present status of our knowledge of retinal function until further inquiry shall either disprove or uphold them.

This paper, which is devoid of personal pretensions, is offered as a review of the more recent contributions pertaining to the subject. Although no references have been given, their omission is not intended as an act of piracy. Indeed an attempt to give credit where due frequently gives rise to the question of priority over which the reviewer is not permitted to sit in judgment.

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Materia Medica.

ALLIUM CEPA.

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It would be a matter for wonder, and, perhaps amusement, to one not acquainted with the methods of the homœopathic school of medicine, that we find aught of medicinal value in so common a vegetable as the onion. But even outside of its homœopathic proving we find, as we trace its history through the works of mediæval and ancient writers, that it has been in common use as a medicine to the remotest times, and even now is a favored household remedy.

The ancient Egyptians placed great virtue in the onion, hanging it in their houses, and carrying one or two about their persons to ward off poisonous

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miasms so abundant in that low country. They placed them in the hands of their dead as they were embalmed, possibly as a protection to the spirit in its long journey. The onion was also a favorite article of food, and the Israelites sighed for them in their sojourn in the desert.

A later Greek writer, Dioscorides, gives these ancient uses of the onion: Eaten raw it counteracted the effects of drinking bad water, applied externally it soothed the pain from the bites of insects, and drew the poison from mad dog bites. On account of its irritant properties it was used to hasten suppuration in abscesses, carbuncles, etc. He says it is good as an application to frozen feet and to sores on the feet from friction. Given internally it cured the gout. Hippocrates says that if a raw onion is rubbed on bald spots on the scalp it will cause the hair to grow again. These ancient physicians also noticed that it produced a watery discharge from the mucous membranes, and used it in eye and ear diseases and as an expectorant in what we recognize as bronchitis in children and old people. Onions were also given to produce gas in the stomach and intestines, and to cure scanty menstruation, constipation and retention of urine. It is interesting to note the similarity between their use of the drug and the homœopathic prescription based on its symptoms.

Following down through the ages we find that the use of the onion as a household remedy has been strangely similar to its use by the ancient physicians. Internally, onion has been, and is, a famous remedy for "loosening colds" in children, and especially in bronchitis of both children and old people. It might be interesting in passing to tell how this was prepared by our grandmothers. A large white onion was taken, sliced thin, and laid in layers in a deep saucer, each layer being well sprinkled with sugar. The saucer was set on the back of the stove and allowed to simmer for several hours. The syrup was then poured off and used. This same syrup was considered of great use as a diuretic in retention of urine in young children.

Externally, raw onions were used as a counter-irritant in neuralgias. Bruised to a pulp and made into a poultice it was of use in relieving the pain in unbroken chilblains, protruding piles, and in stings of bees and other insects. This poultice was also used to mature boils, carbuncles, etc. Its use as a hair restorer is also found even in recent times. For spasms raw onions were bound on the soles of the feet and palms of the hands, and laid across the stomach. A raw onion in the axilla controlled obstinate vomiting. The heart of a wasted onion brought speedy relief to earache, and a cooked onion poultice is still used with benefit for "a cold on the lungs," in croup and on chilblains after they have broken.

Allium cepa, which is the botanical name for the onion, was introduced into the homœopathic materia medica by Constantine Hering in 1847. His attention was called to the possibilities in the drug by hearing an account of the way two persons, one suffering from cholera, the other a child hopelessly sick with measles, fully recovered after eating of raw onions, which they seemed to crave. At once he made a tincture from the common red onion and proved it, this proving being the basis for almost all our knowledge of the drug.

The tincture is prepared by taking a red, longish onion which has been grown on virgin soil. This has been found to produce a more acrid vegetable than that grown on soil which has been recently cultivated. The dry outer husks are peeled away, the soft inner part crushed, and two parts of alcohol, by weight, added to each part of the pulp. This is well shaken and poured into a bottle, which is put in a dark, cool place. Here it is left for eight days, being well shaken daily. It is then decanted, strained and filtered.

Chemically, according to Dr. W. J. Fernie, in "Herbal Simples," "Raw onions contain an acrid, volatile oil, sulphur, phosphorus, alkaline earthy salts, phosphoric and acetic acids, with phosphate and citrate of lime, starch, free uncrystallized sugar and lignine."

The proving of the drug by Dr. Hering was so thorough that little has been added by later writers on materia medica. With few exceptions, which will be noted, the following symptoms are taken from his original article on the drug which is found in the American Homœopathic Review, Vol. VI, 1865:

Mental.

As early as 1661 Wm. Ramsey writes that excessive use of onions as a food tends to "lethargy, somnolence, vertigo, epilepsy, and, indeed, insanity." Thus we find it indicated in apathy, melancholia, sleepiness. There is confusion and absent-mindedness about his business, in the afternoon, after wine and coffee. Patient feels that the pains from which he suffers may become worse and unendurable. Anxiety with the pains, despair.

Head.

Dull feeling in the head becoming a headache, drawing from forehead to vertex. Sensation as if head was too small and that everything would press out of the forehead. Confusion and dullness in head with coryza. Fullness and heaviness of head, as if bound up, lasting from morning until evening. Heaviness with flickering of eyes. A symptom given prominence also by Allen is: Headache with pain in both temples, more severe in (R.), < winking, extends to (L.), and becomes more severe there. Pain deep in head extending outward and forward to the ears like a thread. Sensation of electric shocks through the head. Clinical: Headache in forehead extending into temples, then downward into eyes and face, associated with coryza. (Allen.)

Face.

Pains in right upper jaw, going downward and outward from nose. Neuralgias about the eyes sometimes extending into them. Neuralgic pains like a fine thread. Paralysis of left side of face with some symptoms in limbs of same side, with copious secretions of urine. (Douglass.)

Eyes.

Dioscorides recommended it for beginning cataract, but our provings have not confirmed this use.

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Flickering and blinding before the eyes with peculiar sensation as if head was bound up. Photophobia < in left eye and in a warm room. Congestion of eyes, especially the left. Lachrymation is bland but is accompanied by an acrid nasal discharge. (Euphrasia has bland nasal and acrid lachrymal discharges.) Tissues about the eyes swollen. Burning, stinging and itching in eyebrows. Allen gives: Pain as if eye hung posteriorly by a string. Biting and stinging as of smoke under the lids, < at night.

Ears.

All kinds of noises in ears with coryza. Pain deep in head behind ears, running outward to them. Pains in throat running to the ears, especially right. Earache. Kent gives Pulsatilla, Chamomilla and Allium cepa as the great remedies in earache of children.

Nose.

Coryza with excoriating, watery, copious discharge, which makes the alæ and upper lip raw and sore. Has produced symptoms similar to hay fever (Raue). Coryza from damp winds (Aconite from dry winds), < in evening, in a warm room, > open air. Dropping of a watery discharge from nose when on the street, without sensation of a coryza.

Mouth.

Sweetish, nauseous taste. Tongue has foul, slimy coating on back, especially in morning. Mouth and tongue feel as if scalded. Dryness of mouth without thirst. Toothache, > cold water. Toothache with desire to bore into teeth and suck them, which relieves. (Allen.)

Throat.

Pain and aching in throat extending sometimes to ears, especially right. Hawking of a bland, frothy mucus.

Respiratory Organs.

Constant hacking to relieve the tickling sensation in the larynx. Frequent expectoration of white, frothy mucus, especially in evening. Sensation of an obstruction to breathing in the middle of upper chest. (Allen.) Catarrhal laryngitis with hoarse cough, which seems to split the larynx. (Cowperthwaite.) Whooping cough.

Stomach.

Canine hunger, which disappears as soon as he begins to eat; food nauseates him. After each meal a prickling perspiration on vertex of head. (Douglass.) Nausea and vomiting of frothy, slimy fluid. Bilious and mucus vomiting. Frequent, copious eructations. Feeling of emptiness and drawing in stomach with some pain. Pressure in stomach. Great thirst with heat, in evening, with coryza. Thirst with anxiety.

Abdomen.

Pain in region of liver with shudders down back, chilliness. Stitches in splenic region. Flatulent colic, > passage of flatus. Flatulent colic in children where the pain bends them double. > passing great quantities of gas. Pain in abdomen and shoulder with colic. Much flatulence, offensive and moist. Pain extends from liver to whole abdomen. "Sudden burning or chilling, cutting as a thread from sides of hypochondrium inward toward the middle and upward." (Allen.) Pain deep in pelvis extending along spermatic cord. Enlarged prostate.

Extremities.

Rheumatic pains in joints. "Soreness, especially on arms as if the skin was all scratched off, with tired feeling." (Allen.) Neuralgias in stumps after amputations, burning, stinging pains, exhausting the patient. Painful affections about finger nails with red streaks running up the arms. Pain in soft part of right great toe and left middle finger. (Allen.)

Stool.

Offensive diarrhœa with fissures in the anus.

Urinary Organs.

Aching in bladder and prostate after coitus. Irritability of bladder with pain over kidneys. Frequent micturition with burning in urethra. "Red urine." Urine copious in afternoon. (Allen.)

Sleep.

"Wakes at 2 A. M., and sleeps no more till morning, restless sleep with frightful dreams." (Douglass.)

General Action.

Catarrhal conditions of mucous membrane of eyes, nose and larynx most marked; next is that of the intestinal tract. Neuralgic pains like a thread, < warm air. (Allen.) Neuralgias from old injuries. (Douglass.)

Aggravation and Amelioration.

All complaints < in evening and from warm air except the laryngeal cough, which is brought on by inspiring cold air. Troubles usually begin on right side, but tend to extend to the left side where they are more severe.

Comparisons.

Hering says that Allium cepa fills the gaps between Aconite and Ipecacuanha, and in catarrhal conditions is related to Chlorine and Phosphorus. Allen gives it as allied to Iodine, Bromine, Arsenicum, Squilla, Aurum and Pulsatilla. Boericke compares it with Gelsemium, Euphrasia, Kali hydriodicum, Aconite and Ipecacuanha, and says it is complementary to Phosphorus, Thuja and Pulsatilla.

Antidotes.

Arnica, Chamomilla, Veratrum.

PHOSPHORUS: A PRACTICAL STUDY.

BY P. W. SHEDD, M. D., NEW YORK.

The use of Phosphorus by the old school is well indexed, clinically, by Potter, as follows:

Chronic nervous exhaustion, when the nerve centres are implicated.

Neuralgia (large doses).

Anæmia, pernicious anæmia and its results, small doses.

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Wakefulness, senile, and from cerebral anæmia. small doses.

Impotence, functional, no remedy more efficient.

Progressive locomotor ataxia, decidedly ameliorated.

Skin diseases, as a substitute for arsenic in acne, psoriasis and lupus.

Paraplegia, of myelitic origin, from excessive venery.

Osteomalacia and rhachitis, threatened cerebral softening.

Its use here appears to be a peculiar hybrid of antipathic medication and biochemistry, being prescribed chiefly for the bettering of deranged conditions of the neural and osseous tissues. for in these phosphorus or its compounds are prominent normal components. As observed by the old school the most striking result of the therapeutic dosage in health is a tendency toward increased activity in the development of bone (as shown by dissection of animals), while in morbidities of neural function fairly referable to malnutrition or exhaustion of nerve tissue, there is improvement under a regime of phosphorus medication.

This is a gross outline of the gross use of an element extremely toxic and catabolic in the organism when ill used; absolutely essential to life, anabolism and metabolism when in its place and proportion, like fire, a good servant but a bad master.

Fortunately science gives us finer indications for the medicinal use of phosphorus. If we take that delicately balanced organism, the healthy human body, and subject it to a series of reactions with this element in a more or less atomic state, watching the reaction with the same dainty and exact care which govern the modern scientist, the chemist, for example, we find that the highly differentiated tissues respond in a pathogeny which ranges through the whole organism, congruous with the wide distribution of the element in the system. We obtain the phosphorus reaction.

This phosphorus reaction, studied, arranged and developed by the keenest of therapeutic scientists, has been on record since the publication of the Chronische Krankheiten, S. Hahnemann, M. D., Dresden, 1828.

The generalization of facts is what distinguishes civilized man from the savage or barbarian, and to duly utilize facts some underlying, governing law must be cognized; otherwise the fact, however useful, remains isolated, becomes anachronistic, slips into oblivion. Hahnemann by multiple experimentation and application wrought into concrete form a law which showed relation between natural morbidities and drug action. The ultimate explanation of this law governing the restoration of a morbic organism to natural equilibrium by the use of an agent which in the healthy produced a similar, artificial disease, was theorized over by Hahnemann, but like the law of gravitation or that governing electrical phenomena, is still nebulous; yet, modern science with its concept of matter, with its spectroscope, its catalysis, its enzymes, its electro-chemic refinements is perhaps narrowing the focus, and if finally we do not comprehend the "why," which is the secret of life, we at least arrive at a clearer understanding of the "how."

When Sir Oliver Lodge remarks that "The only outstanding, still intractable physical property is gravitation, and no satisfactory theory of the nature of gravitation has been so far forthcoming," we are still certain of its action; and when he declares that "it would seem to be a slight but quite uniform secondary or residual effect due to the immersion of a negative electron in a positive atmosphere; a static residual strain effect, not due even to corpuscular motion or to any modifiable circumstances, but inherent in the consitution of each atom whether it be an entire complex or be broken up into simpler substances," we are enlightened and convinced that the law exists.

Even as inexorably and as mysteriously as gravitation holds earth's satellite in the void of space or swings the solstitial pendulum through its arc, does the law of similars in its sphere establish compensations and equilibrium in the microcosmos. Its acceptance by science is also inexorable, for scientists, extra-medical and not bound to fetich-like tradition, are approaching a concept of matter and the universe, from planetary sun to the nucleated protoplasmic mystery termed a living cell, which fundamentally rests upon the infinitesimal science is conning over and over Goethe's aphorism: Die milde macht ist gross.

Homœopathy has been reproached with its lack of contribution to so-called medical science; few material instruments of precision, few bacteriologic stains, few germs are attributed to it, but each to his trade! The fundamental proposition of Homœopathy is well expressed in the initial line of Hahnemann's Organon of Medicine: "The first duty of the physician is to heal the sick," and that healing of the sick is clearly predicated along the line of drug therapeutics. The adjuvants afforded by hygiene, dietetics, surgery, etc., were fully recognized, but Hahnemann's specialty, and the specialty of those following him, was distinctly understood to be the scientific use of drugs. Fact and law governed, and whatever the formulated theory or philosophy of the "why," the essential knowledge of the "how" to heal was persistently sought. If such is the status of the Homœopath, he cannot be held accountable, more than other practicians, for the subdivision of science. An expert oculist and and expert obstetrician are not interchangeable entities. As a matter of fact, no body of men are more eager to utilize the work of other specialists than are the Homœopaths. A striking proof of this is evident in the curricula of their, perforce, separate colleges and schools, in which every branch of medical science is adequately represented, commonly in advance of the old school. The new school teaches what there is to teach of antipathic medication; where is the old school institution (not under State control as in some universities) with a chair of homœopathic materia medica and practice, a science venerable with the uninterrupted, successful clinical experience of a century, a materia medica and practice of proved and exact drug reaction commensurate with the delicately poised organism upon

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which it is exercised? As the Germans put it, however, Morgen ist auch ein Tag.

The chemist, the biologist, the physiologist, the physicist, yea, the pathologist with his leucocytic count, and the bacteriologist with his toxin and antitoxin will fully demonstrate in some not far distant to-morrow, the "how" if not the "why" of the law of similars.

Phosphorus was the drug. Phosphorus is a polychrest. All substances widely distributed in the universe, particularly if component in the body, are. when their energies are loosed by proper instrumentation, polychrestic in action, Phosphorus and its compounds; calcium, alumina, iron, magnesium; the sodiums, the potassiums; the inert silica which the sea waves grind to sand; the chloride of sodium, commonest of all salts; the familiar and "insoluble" sulphur are agents of a high potential when scientifically prepared and used.

Phosphorus invades the entire organism primarily (apparently), increasing force and vitality for which purpose it is used by the old school in atonic, debilitated conditions (antipathic); but, if continued, the secondary phenomena of atony and debility appear. It increases the susceptibility of all senses and of the cerebro-spinal axis, and irritates the sympathetic system, degenerates tissues into fat, and, finally, winds up with debility, tremor. inco-ordination and paralysis.

According to Underwood Phosphorus in the lower attenuations is a diffusible stimulant, acting upon the nervous, vascular and secreting systems. increasing the frequency and fulness of the pulse, augmenting the heat of the skin, heightening the mental activity and muscular power and operating as a powerful sudorific and diuretic (practically an antipathic effect). In the higher attenuations it becomes sedative and alterative and is adapted to gastro-intestinal irritation. nausea. vomiting and diarrhœa, gasttritis, gastralgia, jaundice, sexual excitation and diseases of the bone, as necrosis, caries, rachitis.

Primarily, Phosphorus has an irritant effect whether the tissue be neural, osseous, mucosal, dermal; and since the homœopathic use of a drug is co-ordinate with primary and not secondary symptoms, irritability marks the Phosphorus patient even in his paralysis. It is not the paralysis or weakness of the potash salts or the vegetable acids—paralysis without irritability.

Clinical experience from Hahnemann's time to the present day has found that Phosphorus is peculiarly suited to certain types, viz.: 1) Lean, slender individuals of the blonde or auburn class. fair, delicate skin, sanguine temperament. 2) The Gallic type, brunette, of small stature, delicate, translucent skin, long, silky eyelashes and lustrous eyes, easy and graceful in manner, of the tubercular diathesis. 3) Hemophilic patients. 4) Tall, slim, brunettes, disposed to stoop. The tubercular diathesis, the ancestral habit, which invites the bacillus tuberculosis to enter and flourish is a keynote for Phosphorus or its compounds. Subkatabolism or abnormal katabolism of solid or fluid tissues correspond well to the pathogenesy of the element.

Potencies: From the 30th upwards. It may be stated as a rule that remedies, particularly elements, which enter fundamentally into the structure of the organism, such as Phosphorus, Sulphur, Arsenic (A_2O_3), Ferrum, Silica (SiO_2); to a less degree, possibly, composite remedies such as the Calcareas, the Natrums, the Kalis, the Magnesias, should be administered in the single dose of high potency with a maximum repetition of twice weekly, and a minimum of once in two or three months, according to the time length of individual reaction; while remedies, elemental or composite, which are, as entities, foreign to the structure of the body, may be oftener repeated in low or high potency with benefit.

On the one hand, atomic or molecular forces are liberated on a high plane, which parallel and govern atoms or molecules of the same nature but lying in a lower plane because grossly incorporated in the tissues; on the other hand, we have a foreign force, non-paralleled molecularly, and hence not acting in such manner as to arouse by sympathy, but rather by compulsion.

Analogy may be roughly furnished by comparison with certain phenomena of sound. Of a room full of stringed instruments every string can be set, without touch, into vibration by sounding the several notes to which the strings are chorded, in obedience to the law that an elastic body is thrown into vibration by movements of the surrounding medium when these movements correspond to its own period of vibration; or, the strings may be struck by the fingers and set into vibration; sympathetic vibration in one instance, compulsory vibration in the other.

The ravages possible from a too frequent or too low dosage of some drugs, particularly Phosphorus, is illustrated by an experience of the celebrated French physician, Chargé, who relates: Consulted by a woman (a nun) suffering from a slight tuberculous infiltration in one apex; general health still good; complained only of a little dry cough, expectoration sometimes slightly blood-streaked; blonde, small and slender, with blue eyes, white teeth and fine complexion. She received three powders of Phosphorus with the advice to dissolve a powder in nine spoonfuls of water, a spoonful t. i. d., then omit three days and then continue. On returning to the city in forty days Chargé was horror-stricken when she appeared. The pulmonary lesion had fearfully progressed, whereat formerly it was very slow. After a few doses hæmorrhage of a serious nature had set in, but she had continued with the medicine till a more serious bleeding occurred.

The modalities of Phosphorus are:

> by rubbing, by mesmerism, by magnetism.
> after sleep.
> in the dark.
< by lying on the left side.
< from mental or physical exertion.
< at twilight; before midnight.
< from warm food and drink.
< by weather changes (either way).
< from thunder storms.
< from light, noise, music.

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An index clinicus has its advantages and disadvantages. We obtain a more or less organopathic survey of the drug, and the iteration of peculiar symptoms serves the memory; on the other hand, we fail to grasp the "spirit" of the drug, which, inconsiderate of pathology, is indispensable in delicate prescribing, and not infrequently suffices to give the remedy from a glance at the patient or a few minutes' talk and observation.

INDEX CLINICUS.

Acute Yellow Atrophy (Hepatic).

Phosphorus produces an exact picture of the disease. By some authors it is attributed to a phosphorus auto-intoxication resulting from a bacterial reduction of phosphates in the intestines with the resultant formation of the hydrid, phosphine (H_3P) (smilar to the reduction of sulphates to hydrogen sulphide). This may explain the well known inefficacy of what appears to be the pathologic similimum in this disease. A low potency, at least, would but add fuel to the fire.

Amaurosis.

With preceding illusions or sight, and after sexual excesses.

Amenorrhœa.

Menses too late or absent; tight feeling in the chest, with dry, tight cough and hæmoptysis, < before midnight; puffiness below the eyes; much vertigo.

Angina Granulosa.

When the throat is very dry, fairly glistening.

Bronchitis.

Light cough, < before midnight; tightness across the chest; pain in the head when coughing.

Carcinoma Ventriculi.

Epigastric region sensitive to touch; constant nausea and fullness in the stomach; after eating or drinking even a swallow of water, vomiting of a sour, foul fluid like a mixture of water ink and coffee grounds; in the sunken abdomen a circumscribed, hard tumor; pale, earthy complexion; great emaciation; urine scanty, red or brown, with fine reddish or yellow-red sediment; bowels costive.

Chlorosis.

Deep-seated chronic cases of t. b. diathesis; from depressant emotions, grief, worry, disapointed love, or, from exhausting physical caues, night watching, hæmorrhages, diarrhœa, night sweats, onanism, etc. Puffiness around the eyes; dry, hacking cough; great sexual weakness; leucorrhœa whitish, slimy, especially during menses, sometimes acrid and corroding; a total loss of energy in all the organic functions of the body.

Chorea.

The patient walks like a paralytic without noticing it himself; twitching of the limbs; great exhaustion; during the second dentition (after Calcarea carbonica); during the formative period of life.

Constipation.

Stools narrow, dry, long, difficult to expel; very painful rectal cramp after stool.

Coxalgia.

Hectic fever; dry hacking cough; chronic diarrhœa; urine turbid on voiding, precipitates a white sediment. Then watery pus oozing from the diseased joint.

Dysmenorrhœa.

Colicky pains; great fermentation in the bowels; great vertigo; bowels chronically loose, or chronically costive with dry, narrow stools (dog stools). Slender, delicate blondes.

Enteritis Catarrhalic Chronica.

Painless, watery dejections, especially in the A. M. after rising; in debilitated, consumptive patients; burning of the palms; great weakness; emaciation.

Gastralgia.

A singular singulsus of the ingestia by mouthfuls; pain < after eating; during a morbid hunger, eating > for a short time; decidedly better when keeping warm in bed.

Hematemesis.

Bright blood; drowsiness; face, lips, gums, tongue pale; thirsty; heaviness and heat at the pit of the stomach which is distended.

Hæmoptysis.

Vicarious, in place of menses; t. b. diathesis. Dry, slight cough, < from evening till midnight.

Jaundice.

In complication with pneumonia or deep-seated brain disease; during pregnancy; with dry cough and involuntary micturition.

Laryngo-Tracheitis.

Constant, tickling laryngeal cough, with headache as though it would burst; dry cough < in the evening until midnight; tightness across the chest.

Mastitis.

Phlegmonous; breast swollen and red in spots or streaks; hard knots here and there with fistulous openings discharging an offensive ichor; dry, hacking cough, with hectic fever and profuse sweat; slender women with white and tender skin; weakness from disease or loss of fluids.

Measles.

In complication with bronchitis or pneumonic symptoms; tightness across the chest, with dry, tight cough < from evening to midnight; unpainful diarrhœa.

Menorrhagia.

Too early, profuse and prolonged. Or, too late but very copious. Afterwards, great weakness, blue rings about the eyes, emaciation and timorousness. Delicate, sensitive women with frequent heat in the back and cold legs.

Metrorrhagia.

Intermenstrual and during pregnancy; lame, bruised sensation in lumbar region; dry cough and tightness of the chest; great heat at the vertex (Calcarea carbonica—cold); much vertigo. Chron-

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ically loose bowels, < in the A. M., or, chronic constipation with dry, narrow stools.

Myelitis.

After sexual excess, or with vertebral inflammatory processes: burning pain in the spine: dyspnœa and cough: constipation; extremities numb.

Paralysis.

From spinal affections; after sexual excess; postpartum. Tingling and tearing pains in the back and down into limbs; gressus vaccinus. There is fatty degeneration of nerve sheaths. Trembling, twitching, sometimes cramps; hyperæsthesia of all senses, great unrest and nervousness. Often due to becoming chilled in the open air. Pseudo-hypertrophy of muscle. Neuritic paralysis.

Pertussis.

With broncho-pneumonic complications. The disease has become sub-acute, the child is thin, miserable, nervous, sleepless.

Phthisis.

Particularly in the lower and middle lobes. Great tightness across the chest; thoracic congestion. < from any emotion; burning and piercing soreness. The pain in the chest from coughing is relieved by pressure of the hands. Cough dry, tight, harsh, irritating, nervous, spasmodic. The pleuritic or pneumonic symptoms are as cited.

Post-Partum Hæmorrhage.

In tall, thin, lank, freckled blonde or auburn women of lax musculature. Fairly calm; respiration jerky; sighing; anus relaxed.

Scarlatina.

When, although the patient is generally better, a suspicious rattle in the throat commences, or chest symptoms, or where there is hyperæsthesia of the senses with, nevertheless, an apathetic quietness and "don't care" disposition. Burning in various parts of the body, compelling change of position.

Typhoid.

Pneumo-typhoid; violent bronchitis, even hepatization (compare under phthisis). Vomiting of watery, bilous and slimy masses with great pain; frequent unpainful diarrhœa with meteorism and loud rumbling. Discharges are watery, greenish, greyish, or black from decomposed blood; great weakness after each discharge. Ecchymoses. Great heat in the trunk with cold sweat on head and limbs.

Variola.

Hæmorrhagic diathesis; bloody contents of pustules; hard, dry cough, bronchitis, pulmonary hæmorrhage.

* * * * *

Compare Arsenic, Phosphorus and Sulphur.

By the repertory checking list method of case study these three remedies may occasionally be found to be mathematically, but not therapeutically, matched. Here the "spirit" of the drug may decide or some peculiarity of the patient's great-grandfather's grandmother.

Obstetrics.

VERSION.

W. A. HUMPHREY, M. D., TOLEDO, O.

By version we mean that operative interference by means of which we cause the cephalic or pelvic pole to present.

The head may be changed for the breech, the breech for the head, or the transverse to either the head or the breech. Before attempting version or turning it is necessary to determine the relation of the child to the uterus and the obstruction to be overcome, and the relative size of the child's head to that of the pelvic outlet.

Ordinarily these requirements are easily determined. A little experience teaches us to judge of these things and to recognize any deviation from the normal. It is also very essential to determine the kind of presentation. When in doubt it is wise to introduce the hand into the vagina and one or two fingers into the os to be sure of the presentation. This will probably have to be done under anæsthesia. We are thus able to determine other valuable facts, viz., the absence or character of the pulsation of the cord, the low implantation of the placenta, and the presence of deformities of the pelvis.

In speaking of version we usually infer podalic, or, to use a better word, pelvic, by which we mean to convert the presentation into one of breech or podalic. It is also applied to cephalic version, although the indications for such a procedure are fewer than the former. A few advocates claim that the cephalic presentation is the only normal one, and that all others should be converted to that, but there seems to be no wise reason why a breech should be converted to a cephalic.

In converting a given case of transverse presentation it might be brought to the cephalic more readily than the pelvic, in which case it would be wise to proceed to delivery, but I can not think of such an emergency arising, except when the waters have not broken. In this condition external manipulation alone might easily produce the cephalic position more readily than any other. In every case wherein rapid delivery is desirable, pelvic or breech version is the operation of election, and this is worthless unless carried further and made to become podalic by bringing down the foot. Cephalic version should never be thought of when the child is not freely movable in utero.

Pelvic or podalic version is the operation of election in the large majority of cases requiring version. In case the accoucher recognizes the necessity of interference early, it is a life-saving procedure. The lack of such recognition however, has been the cause of bringing the operation into disrepute. Delay in adopting it or resorting to it after much manipulation of the parts by attempting instrumental delivery and otherwise has caused a heavy death rate, which, under proper conditions, should never have been obtained.

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Podalic version is indicated, (1) in transverse presentations where the child is not freely movable: (2) in head presentations where the head fails to engage from some complication; (3) in cases requiring expeditious delivery while the head is yet above the pelvis; (4) in cases in which the life of both mother and child are endangered by the head entering the pelvic canal.

In those cases in which the head is above the canal and movable, it is a safer procedure than forceps delivery.

In eclampsia placenta prævia, accidental hæmorrhage or pressure upon a prolapsed cord podalic version yields the very best results. In face presentations and in occipito-posterior position in which internal rotation can not be performed, it is the proper procedure.

It is contra-indicated (1) when the cervix is not dilated or dilatable; (2) where there is tetanic spasm around the child, the membranes having ruptured; (3) where the head is so firmly wedged in the pelvis that it cannot be dislodged; (4) in contracted pelvis in which the conjugate is less than three and three-fourth inches.

If the cervix is not dilatable and version be performed, craniotomy will probably result to release the after-coming head, especially if rapid delivery be necessary.

In case of tetanic spasm of the uterus produced by ergot or otherwise, the rupture of the uterus by producing version is always a possibility whose gravity should cause serious consideration.

In case of impaction of the presenting part it cannot be employed without much injury to the soft parts, and hence other means should be considered.

In case the conjugate be less than three and three-fourth inches, the chances of delivering a living child by any method through the pelvis are so small that version should not be considered except as a better means to save the mother by sacrificing the child through craniotomy.

In all cases the necessity for exact diagnosis is apparent. Pelvimetry in some form should be practiced as well as to estimate the relative size of the child. This latter can be done with reasonable precision by means of the combined method. In case of doubt use profound anæsthesia.

Version having been selected as the necessary proceedure, the operator should make as careful preparation as for any surgical operation. He should render himself aseptic, his assistants and patient likewise. All instruments should be sterile. He should be provided with ergot, nitroglycerine, strychnia, etc. An irrigation of the vagina with bichloride, 1 to 10,000, or any other good antiseptic should be employed. The bladder and rectum should be emptied, and the rectum irrigated with saline solution or plain sterile water. Basins of hot and cold sterile water and liberal supply of sterile towels should be had. A bountiful supply of plain gauze should also be on hand. Iodoform gauze should not be used, owing to frequent cases of toxæmia from its use in the lying-in. In fact, a full accompaniment of instruments are necessary to be able to cope with emergencies.

Everything being in readiness, with complete anæsthesia, the patient is preferably transferred to a table, placed in the dorsal position, with limbs flexed upon the body, and retained in that position by means of a sheet or other contrivance passed under the knees and around the neck, and secured in that position. The Sims position may be used if desirable to the operator. In case the table can not be had, the work may be done in bed, but with less comfort to the operator.

In case the operator is to attempt the operation of external manipulation alone the dorsal position is imperative. It is also imperative in case of the employment of the Braxton-Hicks, or combined method. Neither of these methods is much used, however, as version presupposes a dilated or dilatable cervix and a rapid delivery. The internal method is nothing more or less than the continuation of the combined. The line of difference is rather one of degree, since the internal contemplates the introduction of the entire hand into the uterus. The hand best selected is the one whose palm comes in contact with the face of the child. It should be introduced cautiously and without extreme force, desisting entirely during pains, at which time the hand should remain passive. Assistance should be had externally with the other hand. Search for a foot or for both feet, but no matter which foot is grasped, it should be brought down at once rather than delay for the second. The foot which is anterior is the preferable one. After getting one foot get the other if convenient, otherwise proceed without. This procedure presupposes that dilatation is readily accomplished, and that the head is not engaged. In case we have a transverse presentation or an impacted head which requires dislodgment we should, of course, push up the presenting part in our search for the foot. Search should also be made for the cord to ascertain whether it is around the leg, and also to ascertain whether it is pulsating. Of course, if found around the leg or body it should be loosened or released if possible.

Everything being in readiness delivery should be done at once. The after coming head constitutes a menace, of course, to the safety of the child. When the body has been delivered the head should be made to enter the pelvis, in one of the occipito-anterior positions, if possible, next to this the desirable thing is to have it enter the transverse diameter, and then rotate it to the occipito-anterior position. The head having engaged strenuous efforts should be made to produce flexion. This is best done by placing the first and second fingers on either side of the nose upon the malar bones, with the anterior surface of the body resting upon the operator's forearm, while the other hand is applied to the occipit. Rotation is, of course, equally essential, and when not accomplished by natural force should be made manually by rotating the body aided by the fingers in the vagina.

The occiput presenting anteriorly, and granting that the head has descended into the pelvis, the chin sweeps the perineum and is delivered assisted by traction upon the body downward.

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If the head be arrested at the brim, traction downward should be made assisted by firm pressure by an assistant from above. Should the attempt be made to have it enter by the transverse diameter when the head is in the transverse diameter, traction directly downward should be made. In this case the occiput will usually rotate forward, and delivery can be completed readily. Should the occiput rotate posteriorly, then the perineum becomes the fulcrum, and downward traction will cause the face and brow to sweep under the symphysis, provided flexion has taken place.

Should extension take place, then the body of the child should be brought toward the abdomen of the mother with traction upward, while with two fingers in the rectum the occiput is delivered over the perineum, the chin describing an arc of a circle about the symphysis.

Should these means fail the forceps should be applied posteriorly, while an assistant holds the body forward, and rapid delivery accomplished if we save the child. Should the child struggle and show signs of strangling insert the finger in the mouth to allow air to enter.

Practice of Medicine.

THE OPSONIC INDEX.

BY A. L. BLACKWOOD, M. D., CHICAGO, ILL.

There has been in recent years no subject in the field of experimental medicine that is of more interest to the physician and especially to the homœopathic physician than is that of "opsonic therapy." The truths recognized clinically well-nigh a hundred years ago by Dr. Samuel Hahnemann and stated more definitely by Dr. Constantine Hering in 1830, are now being demonstrated in the laboratories, as well as clinically, and they add but another modern scientific confirmation to the many already obtained of the truths of Homœopathy.

Denys and Leclef in 1895 were the first to call attention to the fact that there existed in the serum of the blood of immunized rabbits a substance that so altered pathogenic bacteria that they were readily destroyed by the leucocytes, and thus established an immunity. During the year 1903 Professor Wright and his assistant Stewart R. Douglas, of St. Mary's Hospital, London, applied the word "opsonin" (opsono, I prepare the food for) to characterize the substances in the normal blood which combine with the micro-organisms and prepare them for ingestion by the phagocytes. These substances are supposed to be carried by the lymph to the nidus of microbes with which they unite chemically, and then the phagocytes have the power of destroying the micro-organisms, and thus the degree of phagocytosis present is not dependent upon the vitality of the leucocytes but rather upon the measure of the opsonic index in a given plasm.

Concerning the source of the opsonins, but little has been determined apart from the fact that they exist in the blood serum and not in the leucocytes, and that they act upon microbes in such a manner that they are readily ingested by the phagocytes or protective cells of the body. The opsonins are distinct from bacteriolysins, agglutinins and the antitoxins. The blood serum of man contains opsonins for the various pathogenic bacteria, although up to the present time the investigations have been confined to pyogenic infection, malignant neoplasms and the varied forms of tuberculosis; yet the opsonic index for many pathogenic microbes has been determined, as the streptococcus, pneumonococcus, typhoid and colon bacilli. It is common to employ a mixed vaccine as the colon bacillus and some other organism with which it may be associated in the infection. These are prepared and used successfully in the management of chronic peritonitis, cholecystitis and pyonephrosis.

In a state of health the opsonic index is said to be at a normal level, which may vary from 0.8 to 1.2. When above this a "positive phase" of immunity is said to be present, and when below a "negative phase" is present.

In cases where infection of certain bacteria is present the opsonic index for that particular infection is lowered. This lower opsonic index may be raised, and the infection be overcome by the administration of a bacterial vaccine in definite doses and at proper intervals.

The opsonic index is obtained by mixing with fresh human leucocytes the serum to be tested and an emulsion of the pathogenic bacteria to be investigated. After a short period of incubation, a film of this mixture is spread upon a slide, stained and examined under the microscope. The phagocytes will now be seen to contain the bacteria in their substance, and by counting the number of bacteria in a suffiicent number of leucocytes computing the average and by comparing this with the number taken up per leucocyte in normal serum, the index for that particular serum and the bacteria is estimated. This work requires a properly equipped laboratory, and an expert in bacteriology, serum pathology and in the preparation of the various vaccines.

The material employed in other than tubercular infection consists of a culture of the organisms causing the infection grown on agar or in broth. In case of the use of the former a suspension of the bacteria is made in normal salt solution. After sterilization by exposure to a temperature of from 65° to 75° C. for half an hour and the addition of .05 per cent. of lysol, this material is known as "vaccine."

In cases of tubercular infection Koch's new tuberculin is employed. The amount administered in many of the cases is remarkably small, from 1-1000 to 1-10000 of a milligram. Before it is administered at a temperature of 60° C. for one hour that it may be known to be positively sterilized. Following the administration of this there is often an aggravation of the conditions, or a diminished resistance to the organism as is indicated by a decline in the antibacterial power of the blood, a "negative phase." The tuberculo-opsonic index is

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observed carefully, and no more medicine is administered so long as improvement continues and the patient is in a positive phase. It has been observed that repeated doses keep the patient in a negative phase indefinitely.

In those cases where the infection is localized the opsonic index for that particular bacteria is low, while if the infection is more general, the opsonic index will fluctuate, being at one time high and at another low. This is observed in cases of acute tubercular infection. In the early stages of a mild tubercular infection it is above normal; in acute cases it fluctuates; in chronic cases and in those predisposed to tuberculosis it is below normal. As a means of diagnosis in obscure tubercular infection it is of great value, and such observations must be made more than once, for if there is a low index it may be normally low, and shows that the patient should avoid exposure to infection; or it may be due to a continuous auto-inoculation as in acute phthisis (negative phase); or there may have been an overwhelming infection. If there is a normal index at each examination, the patient is not infected; if it is high it probably means that infection has taken place and the system is successfully resisting the invasion.

If the disease is general and acute, this treatment must be administered very carefully, or the results may not be beneficial as it but aggravates, but in cases of local infection and in chronic cases it works wonders.

From what has already been stated it must be apparent that these results simply confirm the observation of the homœopathic observers. That the agents employed are those to which the homœopathic school have applied the terms nosodes; which have not been employed as frequently as their importance demands even by their original investigators. While they are not prepared as directed by our investigators, yet their source is identical, and the results obtained are the same as those that have characterized the work of the homœopathic physicians for more than half a century.

The careful observations being made by these modern investigators, the administration of but a single dose, the temporary aggravation or "negative phase" that frequently follows its administration: the injurious effects of too frequently repeating the remedy, a "continuous negative phase," the very small amount of the remedy required in many cases, the smaller the better, all show very plainly the tenets of Homœopathy.

In view of these facts and the many inroads that are being made upon the tenets of Homœopathy by investigators in all sections of the world, it is imperative that the homœopathic profession should arouse itself, come forth and claim the heritage which belongs to it by priority, application and demonstration.

W. B. Saunders Company, of Philadelphia and London, have just issued a revision of their handsome illustrated catalogue of medical, surgical and scientific publications. Beyond question this is the most elaborate and useful catalogue we have ever seen. The descriptions of the books are so full, the specimen illustrations are so representative of the pictorial feature of the books from which they are taken, and the mechanical get-up so entirely in keeping with the high order of the context. The authors listed are all men of recognized eminence in every branch and specialty of medical science. The catalogue is well worth having, and we understand a copy will be sent free upon request.

Legislation.

NEW YORK STATE.

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Dear Doctor:

The Legislative Committee of the Homœopathic Medical Society of the State of New York having been charged with the duty of protecting the interests of the homœopathic medical school, and deeming such interests jeopardized by a bill to be introduced into the Assembly, respectfully ask your careful attention to the enclosed statement of facts prepared by Dr. William H. Watson, a former surgeon general of the State of New York, and a regent of the University of the State of New York for a quarter of a century; a man who has deserved and received many other exceptional professional and civic honors, and whose opinions command the respect of every intelligent citizen of the State.

Dr. Watson expresses the concensus of opinion of the homœopathic profession of the State and fairly exemplifies the advanced medical thought and high educational standards which have characterized and still make this Empire State prominent before the world.

The enclosed reasons for maintenance of the separate examining boards law and for opposition to a single board bill are confidently submitted as rational, comprehensive and just.

Can the advocates of the single board bill give any cogent reason or show any real need for disturbing the present medical law, and incidentally precipitating a disagreeable medical fight?

It appears as if the single board agitation is brought forward at the instigation of some officials in the State education department as well as by the allopathic school, and we venture to suggest, inasmuch as the State incurs no expense for maintenance of homœopathic medical schools, and no expense for maintenance of the present three boards of medical examiners, the same being absolutely self-sustaining, it seems unjust—even impertinent for the State education department to assume or undertake to acquire autocratic control of the State medical examining system.

It is claimed by the advocates of the single board bill that such legislation is necessary for the preservation of the present high standard, and to prevent unqualified persons from assuming the rights which belong to educated practitioners of medicine. This point may be fully covered in a far more simple and easy manner by an amendment to the present law defining what constitutes the practice of medi-

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cine and requiring every person who undertakes to care for the sick to meet the present requirements of the law.

In an effort to attain this result, a sub-committee from the legislative committee of the New York State Homœopathic Medical Society journeyed to Albany on New Year's Day and held a conference over this matter with a sub-committee of the allopathic legislative committee.

After considerable discussion it was decided that the homœopathic committee present at a later date an amendment to the present public health law defining the practice of medicine. A draft of such an amendment was prepared, and on the 11th day of January, 1907, this committee together with a similar committee from the eclectic school again visited the capital and presented to the allopathic legislative committee an amendment which was agreed upon by the other two schools. *The allopathic committee said our amendment was no bill at all and that the only terms on which it would confer was a single board bill without homœopathic or eclectic representation.* (Italics ours.—ED.)

The present law was secured after a prolonged battle of eight years between the three schools, and there were only ten dissenting votes in both houses.

As you can readily see, the course of the allopaths means annihilation of the homœopathic and eclectic schools. For this reason the legislative committees representing these two schools who are now working unitedly for the maintenance of the present law withdrew and we now ask every doctor who receives a copy of this communication to immediately write strong letters to his senators and assemblymen, urging opposition to any change in the present medical law, and by all means induce every possible layman to do likewise. Do it now, before you leave your desk.

Another matter of unusual importance is the securing of students for the incoming class of the New York Homœopathic Medical College.

The Monroe County Homœopathic Medical Society, the Onondaga County Homœopathic Medical Society, the Medico-Chirurgical Society of Central New York, the Oswego County Homœopathic Medical Society and the Southern Tier Homœopathic Medical Society have all passed unanimously resolutions to the effect that every member of these societies endeavor to secure one or more students from the out-put of the high schools and colleges this summer as medical students.

As a matter of fact, since the old days of the preceptor have passed, material for all the colleges in the State has been lessened. Perhaps what we have lost in quantity has been gained in quality, but as we are unable to begin to fill all the places which desire homœopathic physicians, it seems wise that more attention should be given to the securing of suitable students.

There are many homœopathic physicians in the State who are not members of our State society. Let all who receive this circular letter attend the next meeting at Albany on February 13th and 14th, and become members of our State society, which more than all the other organizations protects the homœopathic interests of the people and profession of the State. Matters of unusual interest and importance to the school will come up, and it is expected and earnestly desired that we have an exceptionally large attendance.

Legislation Committee of the Homœopathic Society of the State of New York.

John M. Lee, M. D., Chairman; Asa. S. Couch, M. D., Jos. T. Cook, M. D., DeWitt G. Wilcox, M. D., John W. LeSeur, M. D., J. Willis Candee, M. D., Lynn A. Martin, M. D., F. W. Adriance, M. D., D. V. M. Hibbard, M. D., Wm. H. Watson, M. D., C. A. Albertson, M. D., E. H. Wolcott, M D., Henry E. Merriam, M. D., Geo. E. Gorham, M. D., O. E. Kinne, M. D., W. F. Honan, M. D., Wm. Tod Helmuth, M. D., Wm. H. King, M. D., M. O. Terry, M. D., Chas. Gennerich, M. D., Irving Townsend, M. D., Chas. E. Birch, M. D., Wm. H. Hodge, M. D., D. H. Arthur, M. D., F. E. Wadhams, Esq.

DR. WATSON'S LETTER.

[redacted]

Utica, N. Y., January 4, 1907.

Dear Sir:

Permit me to direct your attention to a subject which is of the greatest importance to every homœopathic physician in this State:

I allude to the attempt made near the close of the last session of the Legislature, to abolish the now existing three State medical examining boards and to substitute a single board for the whole medical profession.

To this action the homœopathic physicians and their friends are unalterably opposed. My object in submitting the accompanying reasons for this opposition at the present time arises from the fact that it is understood that another *very objectionable bill,* having the same ends in view, if not already introduced will be presented at a very early period of the present session of the Legislature, and I wish to apprise you of the fact at the earliest possible moment.

The continuance of the existing separate examining boards involves the personal interest, present and prospective, of every homœopathic physician in this State, hence each one can well afford to give to the subject his full quota of time, money and personal influence.

Every homœopathic physician should consider himself *personally responsible* for the signal defeat of this measure. Unity of purpose and harmony of action, *promptly and continually put forth,* are essential to success.

This bill must be defeated to insure the perpetuity and permanence of the homœopathic school and its institutions.

The attainment by the allopathic of a *legal* supremacy over the homœopathic school, would inure to the permanent advantage of the former and to the permanent disadvantage, and in the *end,* to the actual dismemberment of the homœopathic school in this country.

Should the present movement succeed, the allopathic school would surely, *in the last analysis,* ac-

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quire and forever retain *a majority control* of the medical educational interests of this State. The conscious possession of irresponsible power, such as *a majority control by one school* in a *single* board provides, will *inevitably* lead to its abuse.

There are many and very cogent reasons for opposing a *single* board.

First. The principle of minority representation and the principle of establishing *single* boards of medical examination in any State is *one* and *inseparable.*

In case there should be only *one* examining board the question of *representation* of the different medical schools could *never* be *satisfactorily* adjusted.

The function of the examining board being administrative, the basis of representation thereon of the different schools should necessarily be *equal* in order to insure an impartial and just application of its judicial and executive powers. *Unequal* representation of the different schools in a *single* examining board would place a *premium on favoritism.*

The allopathic school would never approve of a mixed board, *having equal representation,* for the obvious reason that the homœopathic and eclectic members, *by uniting,* would be able to assume control.

On the other hand, neither the homœopathic nor eclectic physicians would approve the formation of any *single* board, *without equality of representation.*

The fact that the allopathic school is concededly the largest, *should* give to it *no inherent right* in any way to limit or control the civil privileges of other schools or systems.

At the bar of public opinion, at least, it will stand on precisely the same basis as other schools of medicine.

Second. It would be impolitic and against public welfare, to *force by law,* a condition, involving *important vital* interests, until there are evidences of greater harmony between the different schools than now exist.

Third. This law is proposed solely by the allopathic school. The people of the State do not desire it. The *single* board is not sought either by the homœopathic or eclectic schools; on the contrary, it is *put forward by the allopathic school against the unanimously expressed wishes of both the other schools.*

The *people,* on the contrary, have given us *separate* examining and licensing boards, and we desire to retain them.

After a severe struggle lasting a quarter of a century, during all of which extended period they were constantly opposed and hampered by the allopathic school at every step, members of the homœopathic school succeeded in placing upon the statute book a law which is just and impartial to all, and we can never allow the three separate board system to be sacrificed at the behest of our ancient opponents.

Fourth. The simple acceptance of minority representation in a single board, would constitute a perpetual brand of inferiority and subserviency of action on the part of the homœopathic members thereof.

The homœopathic profession in this State will never consent to allow itself to be placed in such an embarrassing and disadvantageous position.

Fifth. It will be noticed that the bill provides for the appointment of a board of nine members by the regents, and that no reference is made to the different schools into which the medical profession is divided. It will, therefore, be discretionary with the regents as to whether the homœopathic and eclectic schools shall be recognized at all or not.

This provision affords no adequate protection against allopathic control. It is, therefore, on account of its indefiniteness and uncertainty even more dangerous to the homœopathic and eclectic schools than other modes of appointment.

Sixth. The State, having vested in three separate schools the same civil rights, embracing those of organizing their own societies, hospitals and medical colleges, it would be an entire reversal of its established fair and impartial policy to prohibit each from licensing its own students.

Seventh. The establishing of a single board, controlled, in any degree by one school of medicine, would constitute class legislation of a most objectionable form.

Eighth. It is consonant with the recognized policy of this government to permit the members of organized bodies of its citizens entire freedom in the exercise of the civil right to perpetuate and maintain their respective associations.

Ninth. The licensing of medical students is a civil right, the exercise of which should be extended to the three schools equally.

Tenth. Because it is unwise, impolitic and unjust to deprive the homœopathic school of the civil right to examine and license its own students.

Eleventh. Because it would be an act of as manifest injustice to compel homœopathic students to obtain a license from an allopathic board as it would be to compel all applicants for religious orders to seek ordination from a board controlled by one particular religious denomination.

Twelfth. The results obtained under the present law have fully demonstrated the wisdom of its framers. It furnishes abundant means by which the several schools of medicine are provided with examining boards of their own selection and placed wholly under their own control.

It is a good law—a satisfactory law, and while it confers no special peculiar privileges upon any class of the community, it is one that by its liberal, impartial and entirely catholic provision has commended itself to the good sense of the people of this State. It is so administered that collusion, laxity or partiality is impossible. The possession of a license from the State board of examiners of New York is an assurance to the public of the qualification of him or her who shall attain it, and is, therefore, a legitimate passport to professional success. The archives of the university will forever attest to anyone interested, the exact tests relative to his or her professional knowledge applied in the examination of any man or woman who has earned its indorsement.

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Thirteen. If this movement is insisted upon by the allopathic school, it will inevitably cause such a bitter and protracted contest between the school and other branches of the medical profession as has never yet been witnessed in this State.

Yours respectfully,

William H. Watson.

Societies.

COLORADO HOMŒOPATHIC SOCIETY.

The Colorado Homœopathic Society recently held its twenty-first annual meeting in Denver. A full program was presented. The papers all showed deep thought and a wide range of reading in their preparation. The following officers were elected for the ensuing year: President, Dr. F. A. Faust, Colorado Springs; First Vice-President, Dr. A. C. Stewart, Denver; Second Vice-President, Dr. Clinton Enos, Denver; Secretary, Dr. E. B. Swerdfeger, Denver; Treasurer, Dr. J. B. Brown, Denver; Board of Censors, Dr. A. C. Stewart, Dr. W. A. Burr, Dr. W. C. Allen, Dr. J. B. Kinley, Dr. E. P. Greene, Dr. J. W. King; Administrative Council, Dr. J. W. King, Dr. E. A. Darby, Dr. J. B. Brown, Dr. L. S. Blair, Dr. J. P. Willard, Dr. E. P. Greene, Dr. W. C. Allen.

We are going to depart from the time of meeting by holding our next meeting in Denver early in the spring.

The finances are in such excellent shape that we were enabled to donate $50 in 1905 to the interest of drug proving. In 1906 we gave $75 to the Park Avenue Hospital and still have a nice sum in the treasury.

E. B. Swerdfeger, M. D.,
Secretary.

THE CLEVELAND HOMŒOPATHIC MEDICAL SOCIETY

The January meeting of this society was full of interest which centered chiefly about a paper read by Dr. E. F. Gifford, the foremost of the surgeons of Erie, Pennsylvania. Dr. Gifford discussed "cholocystitis" in a way which showed him to be a master of that particular subject, and his description of the operation and surgical technique indicated that he is fully abreast of the times, and competent to meet surgical requirements. He followed his paper with a discussion from the floor, answering questions from members of the society and explaining points as desired.

The discussion was led by Dr. N. T. Nobles, who presented some phases of the question from his viewpoint. Drs. Palmer, Gregory, Taylor and Spencer followed in the discussion, thus completing what was a very profitable presentation of the subject. Dr. Gifford came to Cleveland as the guest of the society, and in return for his courtesy was unanimously elected an honorary member. After adjournment he was socially entertained by President Staples and others of the officers.

The regular order of proceedings of the evening was opened with a paper from Dr. G. W. Spencer, who reviewed the work done at the recent meeting of the Association of Medical Teachers of Ohio. This meeting has already been noticed in the columns of the Medical Century. Drs. Spencer, B. B. Kimmel, L. E. Siemon and Staples were present, and took active part in the proceedings of the association.

Dr. M. H. Castle presented a clinical case which was referred to a committe consisting of Drs. A. O. Palmer, C. A. Hall and H. D. Champlin. They decided it to be a condition of hysteria. It presented a very interesting complex of symptoms.

The attendance at the meeting was very good, and made the initial meeting of President Staples a very successful one. It was decided to hold the meetings of the ensuing year on the second Wednesday of the month. H.

MIAMI AND SHELBY COUNTY SOCIETY.

The Miami and Shelby County Medical Society was the guest of Drs. Coffeen and Hetherington at the Piqua Club January 11, 1907. Unfortunately no essayist had been appointed, nevertheless it proved to be one of the most profitable meetings in the history of the society.

The subject of diffuse puerperal peritonitis was introduced for discussion by a member who had recently attended a case that proved fatal. He thought such cases were always fatal. Its etiology, prognosis and treatment were discussed.

Dr. Ferree said that the lymphatic vessels of the perineum and of the lower part of the vagina emptied into the superficial inguinal glands, and therefore, he did not think that tears and injuries to the perineum and lower part of the vagina could give rise to infection of the peritoneum when these wounds became septic.

Byron Robinson claimed, and later, supported his claims by autopsies, that diffuse puerperal peritonitis, occurring immediately after labor, is sometimes caused by the rupturing of a pyosalpinx during parturition.

Dr. Beebe reported that septic and inflammatory conditions, in his practice, more frequently followed normal labors, while complicated and preternatural labors rarely suffered from puerperal fevers. The experiences of the physicians varied greatly, and the frequency with which post-partum troubles occurred in their practice varied so greatly that it could scarcely be reconciled except on the presumption that physicians are subject to lapses of memory.

After this most interesting interchange of experiences a luncheon and smoker followed. This aggregation of earnest medical men, just a dozen strong, were loathe to say good-bye and bid their host good night, but as they meet again in just a month with Dr. Rosenberger, at Covington, O., they said adieu.

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Those present were Drs. Coffeen and Hetherington, Piqua; Loy. Tippecanoe; Means and Wolcott, Troy; Rosenberger and Brubaker, Covington; Beebe, Ferree, Hobby, Hunt, Reddish, Sidney.

A. W. Reddish.

ROCK RIVER INSTITUTE OF HOMŒOPATHY.

The 88th quarterly meeting of the Rock River Institute of Homœopathy convened at 11:30 A. M., at the Galt House, Sterling, Ill., President E. A. Sickels, of Dixon, in the chair. In the absence of the secretary Dr. B. L. Sears was appointed secretary pro tem.

The following members answered to roll call:

Drs. Sickels, Sears, Kehr, Gordon, Story, Gruber, Hill, Hazelton, W. B. Carolus, Scott, Blackman, Busbee. Drs. Blunt and Maloney later.

Visitors, Drs. Blackwood, Snavely and Leymon.

The minutes of the previous meeting were read and approved.

Morrison was selected as place for next meeting, April 4, 1907.

Adjourned for dinner.

On reconvening at 1 P. M., the name of Dr. J. L. Snavely, of Sterling, Ill., Hahnemann Medical College, Chicago, 1904, was proposed for membership and accepted.

The following program was then carried out:

1. Schools, Methods and Principles of Homœopathy, S. S. Kehr, M. D., Sterling, Ill.; discussion, L. H. Maloney, M. D., Savanna, Ill. 2. A Metallic Circuit, A. W. Blunt, M. D., Clinton, Iowa; discussion, F. J. Scott, M. D., Rock Falls, Ill. 3. Taking the Case, O. B. Blackman, Dixon, Ill.; discussion, F. W. Gordon, M. D., Sterling, Ill. 4. My Method of Selecting the Remedy, A. L. Blackwood, M. D., Chicago, Ill.; discussion, by Institute.

Dr. Blackwood's paper was a very able and instructive one, and thoroughly enjoyed by the Institute.

If more such papers could be given at the district meetings they would serve as an inspiration to the profession at large, and strengthen both it and the cause of Homœopathy in many ways. We shall enjoy having the doctors with us again, and also others who may act as guides and counsellors. Dr. Blackwood also spoke in behalf of the tubercular tent colony at Buffalo Rock, Ill., as an organization calculated to do a great amount of good, and appealed to the profession to support it in a substantial way.

Society adjourned.

B. L. Sears,
Sec'y pro tem.

E. A Sickels,
Pres.

A pleasing sequel to our meeting was a little surprise party for Dr. F. W. Gordon, of Sterling, at his beautiful new home into which he had recently moved after over forty years' practice in Sterling.

With the assistance of Mrs Gordon, who ably seconded the affair, a beautiful mahogany rocker was installed in the parlor, though carefully concealed from observation. The members of the Institute invaded the house in a body, taking the genial doctor, who had been called to his house office on urgent business, completely by surprise. He accepted the situation in his usual happy manner, but when the chair was presented by Dr. Kehr, in behalf of the society, words were wanting to express his feelings and appreciation.

The bountiful supper provided by the thoughtful skill and kindness of the good wife, was thoroughly enjoyed, after which the evening was spent in a reminiscent mood, all present giving testimony to their esteem for Dr. Gordon as they had known him, his faithfulness and effort in behalf of the society and his present high standing as a man among men, gained through tireless devotion to business and all that stood for the best interests of the community in which he had lived and labored so long.

HOMŒOPATHIC O. O. AND L. SOCIETY.

Report of Committee of the Society on Drug Proving.

Your committee appointed to take action upon the final report and publication of our drug proving by its director, Dr. Howard P. Bellows, submits the following:

Resolved, That the work of drug proving which Dr. Howard P. Bellows has for six years been directing is of paramount importance.

That his work has been of such an incessant and laborious character as to demand more than passing notice.

That it is bound to last forever, and must profoundly affect the whole science of medicine.

That the thanks and appreciation of this society are hereby extended to Dr. Howard P. Bellows for his self-sacrificing, original and painstaking care of the work done for and in the name of the O., O. and L. Society.

That these resolutions be spread upon the minutes and sent to the homœopathic journals for publication.

C. Gurnee Fellows,
Herbert D. Schenck.
R. S. Copeland.

On motion of W. R. King the above resolution was adopted unanimously by a rising vote.

The Duration of a Medical Craze

Is an interesting topic for investigation. A review of all past ones, particularly those of the last century or two, gives the impression that their rise, culmination and collapse, follow something in the nature of a general law. Given a remarkable personality, an absurd mysticism which appeals to every one except the most matter-of-fact minds, an audacious assurance of cure and much advertising, and there are always millions of people with chronic incurable complaints—or simply complaints of nothing in particular—who find extreme gratification if not actual comfort in chasing after such a medical

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will-o'-the-wisp and are willing to pay a handsome admission fee to the performance. Then come disappointment, coolness, discovery of the fraud and collapse of the cult. It all requires from ten to twenty years.

This is from brother Gould, of American Medicine, and is a tacit acknowledgment that Homœopathy does not belong to the medical craze list, though he would classify us therein. He is right as to the duration of these crazes. Germicidal, anti and serum treatment will go, too.

Current Medical Literature.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, O.

Through the courtesy of Dr. H. F. Biggar the Medical Century has received a copy of a brochure by that indefatigable worker, Dr. D. Dyce Brown, of London, England. The title of the little book is "The Permeation of Present Day Medicine by Homœopathy." We do not think it is generally known that such a book is in existence or there would certainly be a great demand for it.

In a very careful, systematic, painstaking way Dr. Brown has taken up the records of medicine from the earliest times and shows where Homœopathy has cropped out. It is significont to note that the first chapter "consists of numerous bits of unconscious homœopathic treatment collected by Hahnemann from all known medical works from Hippocrates down to his own time." This of itself would give the lie to those who from time to time denounce Hahnemann as a plagiarist and a dishonest man. Those who know know that many many times Hahnemann has acknowledged that the law of the Similia was known long before he published his observations concerning it. Unfortunately as this first chapter was presented to the Congress of 1902, and afterwards very widely published, the author omits it from the present publication. It can be obtained from him, however, upon application.

In the second chapter he takes up evidence gathered from standard works of the old school published prior to 1870. He has made a study of some forty-one drugs cited by these authorities and by current medical journals. Among these remedies are many that are well known, as, for example, Antimony (tartar emetic), Arsenic, Belladonna, Cuprum, Ipecacuanha and others. Dr. Brown conclusively shows that these remedies have acted on the homœopathic principle when prescribed under the directions of these authors. Of course, it goes without saying that in these works not the least word is said that might lead one to think that Homœopathy had anything to do with the treatment of the cases.

The closing of 1869 witnessed the publication of Dr. Ringer's hand-book of Therapeutics. "The number of pieces of 'new' treatment, treatment that had not been heard of before in the old school and which ran counter to all the old 'orthodox" ideas of therapeutics, was the feature of the book." And Dr. Brown shows that this new treatment was nothing more nor less than Homœopathy, pure and simple. Still as a matter of course no credit was given to either writer or source of information. This work by Ringer is so well known that it is not necessary for us to go into detail as to Dr. Brown's treatment of it. He takes up a number of remedies and shows the origin of the suggestions made by Dr. Ringer, and that these suggestions would lead in the majority of instances to pure homœopathic treatment. The entire third chapter of Dr. Brown's book is given up to a consideration of Dr. Ringer's work. It is extremely interesting.

The fourth and fifth chapters are critical comments on the publications from 1870 to 1902, where could be found reference after reference to the homœopathic remedies and their use in the treatment of diseases. Only very occasionally, however, does it happen that the word homœopathic is used or that credit is given.

A most interesting and racy and amusing letter is included. It was written as an open letter by Dr. Samuel Potter, of Milwaukee, to Professor Roberts Bartholow, M. D., author of "A Practical Treatise on Materia Medica and Therapeutics." This letter is really one of the richest things we have ever read. It abounds in sarcasm, cold satire and genuine wit. Here's a sentence apropos of the discussion on Aconite, its action and the methods by which that action became known: "What a liar the renowned Liston, of Edinburgh University, must have been when he acknowledged our debt to Hahnemann for this medicine; and what absurdities must the hundreds of symptoms obtained by the revered Samuel and twenty-three other provers be alongside of the solitary case you mention—that unnamed medical student who 'swallowed by mistake a teaspoonful of the tincture of the root.' Great medical student! Why do you not give us his name that we may enshrine his memory in our hearts high above Hahnemann, or Reil, or the Austrian Provers' Society! !"

And so it goes through the entire letter, which is a long one containing upwards of two thousand words. It's worth getting the book just to read that letter.

And the important part of all that Dr. Brown writes is that he gives carefully the source from which he makes extracts. The names of the book, its author and the pages are given, or the name of the journal and page, as the case may be, appears so that there is absolutely no "generalizing." The statments are specific and bear the marks of undoubted authenticity. It is a book which should be read everywhere, and the Medical Century is under obligations to Dr. Biggar in that he has *made* it possible for us to review it.

W. F. Elgin, M. D., continues in charge and direction of the Mulford vaccine laboratories.

E. D. Reed, M. D., of Ann Arbor, Mich., has been engaged to direct research work, particularly in pharmacology and physiological chemistry.

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Correspondence.

ATTENTION!

Hotel Bradford, Ft. Myers, Fla.,
January 1, 1907.

My Dear Doctor:

If you have during your connection with the homœopathic school suggested a new thought of permanent value to the profession, and indirectly bearing on humanity, the authenticity of which cannot be questioned; if you have in medicine or surgery, including military equipment, devised, assembled, or invented mechanical appliances, or apparatuses which are of advanced value and used in the profession, I shall be glad to have typewritten, very brief, and illustrated reports of the same, if appropriate, with as much expediency as possible, as I am arranging an article for the American Institute of Homœopathy for its meeting at Jamestown during the month of June, 1907.

Yours very truly,
M. O. Terry, M. D.

LETTER FROM DR. MONROE.

Editor Medical Century:—

Doctors are constantly asked to name a place suitable for a patient suffering from a given disease, and my experience, personal or otherwise, is that they gladly add to their stock of information in this direction. To have much of such information at his finger ends is a valuable asset to a general practitioner. A number of letters of inquiry along this line received since my last letter to the Century admonish me that I must keep my word to your readers and define the value of Miami's climate and resources to individuals.

Before entering freely upon the subject I will say that my information has been obtained by conversation with many intelligent and trustworthy inhabitants as well as by observation.

Two of those talked with are people of whom a word would be of interest to your readers.

One, Dr. Walter Graham is a graduate of Hahnemann, of Philadelphia class of 1885. Dr. Graham was driven to seek this climate by tuberculosis, and his health compelled him to abandon medicine for real estate and afterward law. He was successful, and is now living in retirement on his beautiful place on the bay near Miami. Dr. Graham thinks that his life was saved by residence here, his disease seeming to have made little progress in ten or more years; he is one of the old residents, and his interest in Homœopathy and old Hahnemann is undiminished. No citizen stands higher.

Another, Mrs. H. C. Tuttle is a daughter of the late S. Mills Fowler, who was professor of materia medica, first at Hering, afterwards at Dunham, and who afterward was a most successful practitioner of Miami.

The Tuttles have a beautiful home right on the Miami river, the finest lawn shelving by a gentle declivity into the river, where stands their private yacht.

This yacht is one of the most finished and elegant in Miami, and two years since Mr. and Mrs. Tuttle took a most remarkable trip upon her. As well as I can remember it their itinery was as follows: Leaving Miami they sailed north along the Atlantic seabord to New York City, up the Hudson to the Erie canal, across the State of New York; by this canal to the lakes, thence to Chicago, thence down the drainage canal, and by some shorter river to the Mississippi river, thence to New Orleans and the gulf, and back to Miami. Many of the shorter connections in this trip I cannot now describe, I only know that they succeeded in making this remarkable circuit entirely by water, and were gone six months or more. Mrs. Tuttle bought picture postals at every important point and pasted them in order in a scrap book, which is a most interesting souvenir of their trip.

They took their time and saw all important points comfortably and at their leisure.

Dr. Fowler's widow who for many years was a successful physician herself, is now residing in Havana with her younger children.

Now to my subject. Experience proves that the rheumatic diathesis is soon favorably affected by sojourn here, and that insomnia as a symptom of nervous troubles is soon eliminated.

This I find by observation and diligent inquiry is equally true of chronic bronchitis; in short, of all catarrhal troubles of such mucous membranes as are exposed to the air, including all of the respiratory membranes and those of the female genitaliæ.

This is due to the mild and tonic effect of pure air, rich in ozone, that varies very little either in temperature or humidity, from day to day or from night to night, or from night to day.

Thus the contact of disease germs or of air loaded with coal soot, wood being used as fuel entirely, or air filled with pulverized animal excreta and other impurities, is spared the sensitive raw surfaces. The equitable temperature as well saves these surfaces from the irritating and congesting effect of sudden and violent changes in temperature and moisture. Again, one of the greatset enemies a weak heart and its attendant feeble circulation has to contend with is the necessity of promptly accommodating itself or themselves to sudden or extreme changes. The steam (nerve power) is not there, and the machinery (lungs and heart) are crippled and lack muscular power.

Did it ever strike you that man is largely a system of tubes, that secretion, excretion and circulation is carried on by these tubes, which are supplied with circular and longitudinal muscular fibers, giving them the power to propel liquids or solids along their course by their peristaltic power? A power supplemented in the circulation by a force pump.

The above observations apply as well to the different forms of nerves as well as to catarrhal troubles. Nervous troubles ranging all the way from nervous prostration and hysteria down the painful and pitiful nerve toboggan to confirmed melancholia and the different forms of incipient insanity.

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Miami has a climate that makes it possible to live every day and to sleep every night of the year (with few interspersed exceptions) in the open air —'neath nature's canopy—which, after all, should be the initial prerequisite to the simple life.

What are houses for but only to protect us from the stress of nature's rougher moods, her winds, her rains, her extremes of cold and heat?

We spring from mother earth, and after life's fitful fever to her tender bosom like tired children we return, and the nearer to her we live the heatlhier and happier we are.

Nature's lights, sounds and smells are all sedative, the fragrant and beautiful flowers, the babbling brooks, the waves breaking upon the beach, the wind sighing through the trees, the green fields waving in the breze, the moon upon the waters, the mocking bird's call to his mate, all these make for health and happiness. All these newer impressions quiet the restless pulse of care and charm us away from the tyranny of duty and the weary common-places of everyday life.

To Miami nature has been prodigal in her gifts, for the nerve prostrate, be the sufferer paying the penalty of intemperance or suffering from the remote effect of some great affliction or other nerve strain, and when I say intemperance remember that one can be intemperate in many ways and in his work as well as his play. Besides nature's prodigality in other directions Miami offers to the overworked business man all the outdoor diversions in the calendar, hunting, fishing, golf, tennis, boating. I would be glad to answer any letters of inquiry as to Florida resorts. Dr. Stout, of Jacksonville, I am sure would be glad to answer any letters of inquiry as to locations in Florida, many desirable ones being still open in cities of rapid growth and large tourist resorts. Speaking of locations, Dr. M. O. Terry is wintering at Fort Myers, Florida, and Dr. J. C. Fahnestock at Port Wayne.

The Library.

BOOK REVIEWS.

A Text-Book of Pharmacology.

New (2d) edition, adapted to the 1905 Pharmacopœia. A Text-Book of Pharmacology. Including Therapeutics, Materia Medica, Pharmacy, Prescription Writing, Toxicology, etc. By Torald Sollmann, M. D., Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland, Ohio. New (2d) edition. Octavo of 1,070 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.00, net; half morocco, $5.00, net.

Very rapidly the science of therapeutics is becoming an exact science, and this is because the study in therapeutics is done in the laboratory and is not dependent upon accident and hearsay evidence. The principal reason for the existence of Dr. Sollmann's book is the earnest desire of the author to place the study of the drug upon a rational and firm foundation, to bring to the research worker and to the student methods for work which will make his results exact results. That Dr. Sollmann accomplishes his ideal would hardly be saying too much. One cannot study his book and follow his courses of experimentation which he has outlined without a better understanding of the action a drug has upon the physical organism in so far as it is known. The work as outlined results in a demonstration of actual drug effects upon tissue structure.

The science of pharmacology is comparatively a new science, strictly speaking, for the reason that only within the past few decades has the average physician felt the need of some method of study of drugs that will give him a knowledge of the precise action of drugs upon the organism. Formerly nearly all practice has been based upon clinical evidence, but with the advent of this "Laboratory Age" came the demand that studies should be made of the precise field of action of drugs, as well as the precise action of normal organs and structures in the animal body. In other words, a demand was made for laboratory work in pharmacology as well as in physiology, anatomy and biochemistry.

The author uses the word in its broadest sense to cover all scientific knowledge of drugs. It is at once apparent that knowledge of drug action must be obtained through the only source of exact information, that is the experimental laboratory, and that to be complete a work on pharmacology must deal with this laboratory work in detail. This is fully accomplished by Dr. Sollmann. The course is a model of system and thoroughness. Space will not permit of a detailed discussion of the methods advocated, but they all are thoroughly practicable, a fact of which the writer has knowledge from personal experience.

An important part of the work, the materia medica, has evidently received the author's most careful consideration. In the arrangement and classification of drugs he has followed the eighth (1905) edition of the United States Pharmacopœia. Here he provides not only for a study of the description of the drug in all its phases but for a study of the drug itself through the senses, a most necessary procedure.

Pharmacy, assaying and general toxicology have their place and are made the subject of much thought. The book is profusely illustrated, much help being thereby contributed to the student.

We venture the prediction that this work of Dr. Sollmann's will accomplish a great deal in procuring for pharmacology a just recognition of its importance, and the absolute necessity that it shall occupy a most prominent place in the curriculum of the medical school. The fact that a second edition has been made necessary so soon after the publishing of the first shows that the profession has accorded to the author the highest place among scientific observers, a position warranted by the great amount of original research work he has done.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

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J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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FEBRUARY 1, 1907.

Editorial.

LEGISLATION IN NEW YORK.

We present to our readers in this issue the circular letter sent out by the Legislative Committee of the New York Homœopathic Medical Society of the State of New York, and with it the letter of Dr. Wm. H. Watson, of Utica, a former surgeon general of the State, and who was for a quarter century a regent of the University of New York. We present these not only because they contain matter of vital importance to our cause in New York State, but to our cause in every State of the Union.

That there is an organized attempt being made in every State where separate examining boards exist, to do away with the same and substitute in place thereof a single board with preponderating allopathic representation is perfectly evident, and a man does not have to be up a tree to see it. That nothing but this will satisfy the school that seeks to dominate medical matters all over the United States is also perfectly evident, and could not be more plainly stated than was done by the allopathic committee in its reply to the amendment prepared by the homœopathic and eclectic legislative committees looking to a removal of the claims of the advocates of the single board idea, that the single board was necessary to maintain the present high standard and to prevent unqualified persons exercising the rights of educated physicians. The amendment presented defined the practice of medicine, and required every person who undertakes to care for the sick to meet the present requirements of the law. This amendment was satisfactory to, and agreed upon by the homœopathic and eclectic committees. The allopathic committee, however, showed their hand plainly, and by their action proved conclusively that the true reasons for the single board bill were not at all what they had claimed for them; in fact, it shows that they care more for getting medical matters into their own hands than they do about preserving the present high standard or about preventing unqualified persons from practicing medicine.

The reply of this committee was one of supernal arrogance; they said the amendment was no bill at all, and that the only terms upon which they would confer was the single board bill without homœopathic or eclectic representation.

Thus, the gauntlet has been thrown down, they have at present their own board with no eclectic or homœopathic admixture, these schools having their own boards, but they are dissatisfied and their reply shows the true inward spirit of the whole business.

It is certainly gratifying to see the homœopathic and eclectic physicians of the Empire State arousing themselves into action for the perpetuation of the present law, which was secured after a battle of eight years' duration with only ten dissenting votes in both houses of the legislature; a law that has worked satisfactorily for some fifteen years, and one that gives satisfaction to-day to the homœopathic and eclectic schools; and doubtless this action of the allopathic committee in seeking to become the medical czars of the State, will stimulate the members of the satisfied schools to continuous and determined action to maintain their rights, and the far-seeing legislators of the State out of which grew the doctrine of "stand patism" will prefer to let well enough alone, especially as only good can result therefrom.

There should be no question as to the result. Dr. Watson in his strong letter uses arguments against the single board bill that cannot be refuted. It would be a blow to homœopathic and eclectic interests not only in New York State but all over the United States should such a bill pass. It should be, and we prophesy that it will be ignominously defeated, and what should make the defeat easy is the fact that the allopathic committee wants a board without either homœopathic or eclectic representation. No legislator no matter what his medical or religious opinions may be will stand for that; the danger, it seems to us, lies in the fact that if such a bill were introduced it may be successfully amended so that unequal representation might be incorporated therewith. As we said once before when referring to this subject, we should stand pat for the present law, and failing in that never surrender short of a bill embodying equal representation of the three schools.

The unanimously expressed wishes of the eclectic and homœopathic schools is against the single board bill, and in favor of the present law. The present law is just and impartial, and we can see no good

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reason for change; the single board, without equal representation, would not only work an injustice to the members of the eclectic and homœopathic schools, but to thousands of influential citizens and taxpayers of the State who have the right to select both their medicine and their religion according to their reason and desires.

Finally, we call especial attention to the two concluding paragraphs of Dr. Watson's letter, and urge upon every homœopathic and eclectic physician in the State and upon every allopath who desires impartiality and fairness (and the number of these is by no means small) to vigorously oppose any legislation like that which is proposed. In other words, stand pat and let well enough alone.

EDITORIAL BREVITIES.

Dr. Francis E. Doughty.

Just after going to press with our January issue we were pained to learn of the death of Dr. Francis E. Doughty, of New York, who died on December 28th, at the age of 59. It was from Dr. Doughty that we heard our first medical lecture in 1877, and our remembrance of that occasion remains most vivid, and doubtless a similar remembrance of him is had by thousands of homœopathic physicians who sat under his able teaching in the New York Homœopathic Medical College from 1872 up to the time of his death, for during that long period he was connected with that instittuion. He held various chairs, the chief of which was that of anatomy. He afterwards held that of genito-urinary diseases, and later clinical gynæcology. He was connected with all of the New York hospitals in the capacity of surgeon, and he always ranked with the best in the school. As a teacher he was one of the best if has ever been our pleasure to listen to, his language was easy, exact, always shorn of verbosity and to the point. As a man he was always loved by his students, whom he always treated not with superiority, but with equality, and a greater triumvirate in this respect never existed than Helmuth, Lilienthal and Doughty of the old New York College.

Dr. Doughty was a member of the Institute, of a number of State and local societies and of various clubs, medical and other, in New York, and with all who came in contact with him he endeared himself by his gentle manner and cordial greeting. We, in union with all who knew him, mourn him as a friend, a teacher and one of God's noblemen.

Six Weeks In Bed

Was the old treatment for acute articular rheumatism. Six weeks in typhoid, six weeks in iritis, six weeks in gonorrhœa at its best, and six weeks in so many other infections, all suggest that perhaps here there is the basis for some kind of a generalization. Perhaps the organism really requires six weeks to gather its forces and manufacture its supplies to defeat an army of invading parasites of certain species and repair the damage they inflict. It is a thought well worth following up. Even if there is no such general law possible, it is a good rule to impress upon patients even in the most trivial complaints—a cold—and influenza—a depression from overwork.

This is from American Medicine. That there is no such general law is proven by the fact that under homœopathic treatment none of these diseases lasts over two to three weeks, and most of them would get well in six weeks if left alone without treatment. So why talk of old treatment?

Editor's Table.

GENERAL NOTES.

The Doctor's Autumn Fruits is the title of a literary gem issued by Dr. Myron H. Parmelee, of Toledo, Ohio. It was his response to a toast at the banquet of the Northwestern Ohio Homœopathic Society in December last.

Dr. Dean W. Myers, the energetic secretary of the Michigan State Homœopathic Society, has issued the transactions of that body in a neat pamphlet form, which gives much information as to Homœopathy in general as well as in the State of Michigan. A copy may be procured by addressing the doctor at Grand Rapids.

Brother Anshutz says: "Imagine the Congressional Record laying down the law and 'editing' Congress and the Senate, and you have the absurdity of the thing fully before you." This is anent the proposed editing of an official journal.

Dr. A. Eugene Austin has removed his offices to the Sydenham building, corner of Madison avenue and 58th street.

The homœopathic hospital of Barcelona, Spain, has just installed in the neighborhood of the city a sanatorium for scrofulous children. It has accommodations for twenty-four patients, and is located near the sea. A homœopaathic dispensary is to be opened in the same place.

Professor Neisser has published the results of bacterial examinations in a city that was believed to be infected with an epidemic of diphtheria. Out of 1,001 examinations only in 144 cases was the bacillus found. Yet all apparently had the disease, and antitoxin most likely won more laurels.

Dr. Bardet, of France, has made a wonderful discovery, which he has presented to the therapeutic society of France as new. It is the fact that picrotoxin is excellent for car sickness, sea sickness, etc. This is simply the alkaloid of our well known remedy Cocculus Indicus, which we have been using some seventy-five or one hundred years for the same troubles.

Dr. D. H. Dean, of Rushville, Indiana, has our sympathy in the death of his respected mother, who died at her home in Franklin, on December 26th.

Dr. E. H. Wilsey, of Parkersburg, W. Va., has removed to Greenfield, Ohio.

Dr. George F. Clark, formerly of Bay City,

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Michigan, has resumed business in Ypsilanti, taking the practice of the late Dr. A. Fraser.

Dr. Henry Goullon, one of the chief homœopathic physicians of Germany, and author of several important works, died recently in Weimar, at the age of 72.

Dr. E. C. Dunning, formerly of Vandalia, Michigan, has removed to Caro in the same State, and has associated himself with Dr. S. F. Chase.

We are pleased to acknowledge holiday greetings from Drs. J. Searson, of London, England, and Dr. J. N. Arriaga, of Mexico. That of President Hooker, of the Institute, was a neat idea also.

An appreciative reader says of the Medical Century, in renewing his subscription, "It is one of the journals that gives me the greatest satisfaction."

Physicians in the Middle West and elsewhere should bear in mind that the Ohio Sanatorium Co. has a special department for the treatment of drug, liquor and mental cases, at Columbus, O. These are cases that always do better under institutional treatment.

Dr. and Mrs. J. R. Kippax, of Chicago, have gone to Florida for the winter.

The Homœopathic Eye and Ear Journal has this to say of Dr. Givens's sanatorium at Stamford, Conn.: "We are fortunate in having a successor to the lamented Talcott. An unexcelled success warrants the belief that at Dr. Givens's sanatorium at Stamford, Conn., we may have hopes for a cure of our patients—a real cure and more promptly—than anywhere else in the world. Dr. Talcott, at Middletown, and now Dr. Givens, at Stamford, have won for themselves and for Hpmœopathy the respect of the old school. Our illustration in Dr. Givens's advertisement fails to do justice to the extent of his grounds and buildings; they have been increased fifty per cent. since that was drawn."

The Missouri Institute of Homœopathy will meet in Kansas City, on April 23, 24 and 25. This is always one of the best meetings of the West, and will doubtless be largely attended. The chairmen of the bureaux are all hustling, energetic men, and we look forward to a fine meeting.

The course in clinical laboratory work at the hospital of the homœopathic department of the University of Michigan, having outgrown the old laboratory, will now be much more comfortably provided for in the new laboratory just completed. In the new quarters under the north ward ample desk room is provided for students to do the clinical laboratory work of the hospital. This work is taken as a part of the required staff work of the hospital by the juniors and seniors, and is a practical application of the laboratory methods studied during the first and second years. Desk room and apparatus are provided for students wishing to do special work for thesis.

The Antituberculosis Congress of the Western Conference will be held in Minneapolis on February 2-12. In this the Homœopathic Medical Society is represented by Drs. H. C. Aldrich, George F. Roberts and Ethel Hurd.

Dr. Charles H. Thomas, of Cambridge, Mass., associate professor of clinical medicine at the Boston University School of Medicine, has been selected by Mayor Wardwell to succeed Dr. Charles H. Weeks as a member of the board of heatlh. This is an agreeable recognition of a good man for the position.

The January issue of Progress, one of our esteemed Denver contemporaries, comes to our table in a new size and dress. Two periodicals with Denver as their home will care well for homœopathic interests in the Rocky Mountain district.

Dr. Joseph Hensley, of Oklahoma City, has been working actively in the constitutional convetnion to secure favorable considerations for the homœopathic school, and writes that he expects and hopes to secure more favorable conditions than in any State of the Union.

One of the freaks of the recent disaster in San Francisco is shown in the accompanying cut. The homœopathic pharmacy of Boericke & Runyon, on Post street, was burned to the ground, excepting the sign over the entrance, and through the ruins in the distance on Nob Hill is to be seen the Fairmount Hotel, owned by Dr. Hartland Law, a graduate of Hahnemann College, of San Francisco, and a trustee in that institution. You can't keep Homœopathy down!

KANSAS CITY NOTES.

BY LEWIS P. CRUTCHER, M. D., KANSAS CITY, MO.

The Kansas City College enters its second semester with enthusiasm that spells good work.

The class this year is above the average in point of numbers and intelligence.

The Missouri Institute of Homœopathy will hold forth in Kansas City on the 4th of April.

President George A. Melliers, of St. Louis, is already running up the flags and otherwise warning the profession of the approach of the hosts. There is no reason evident or imaginary why this should not be the greatest gathering in the history of this organization.

The Kansas City Homœopathic Society begins the new year under most favorable auspices. The attendance has grown from month to month till now it is representative of the Homœopathy of this city. A unique plan whereby the chairman appoints his successors prevents very happily that large measure of political bickering that is not altogether im-

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possible in the realms of action of this society. Furthermore, the brand of Homœopathy presented in the papers and discussions is not to be "snickered" at, although the champion of antique dopeology does occasionally offer a protest.

The Board of Curators of the State University of Missouri has, it is reported, decided to establish the State medical school in Kansas City. Just what representation, if any, the Homœopaths will have in this school is not yet to be seen in large type. Be it remembered that officially there is a chair of Homœopathy in the State university, but so far it has been occupied by nothing more than cobwebs, dust and painful emptiness.

Dr. H. F. Fisher has returned to Kansas City after an absence of several months.

Dr. T. H. Hudson, who has been in Wichita, Kansas, for four years, has returned to Kansas City, and now has an office in the Shukert building.

Dr. J. M. Patterson announces by neat card his change of offices to the Keith and Perry building. The building formerly occupied by Dr. Patterson is to be razed to make way for a sky scraper. Mayhap the ever growing business of the genial doctor makes the sky scraper necessary. Who knows?

Dr. G. W. Smith, registrar of the Kansas City College, has moved into other rooms in the Deandorff building, than those he has until recently occupied with Dr. W. E. Cramer.

CINCINNATI NOTES.

LINCOLN PHILLIPS, M. D., CINCINNATI, O.

The January meeting of the Cincinnati Homœopathic Lyceum was held the second Wednesday night. The essayist was Dr. C. C. Meade. The subject was Puerperal Eclampsia. A large delegation of old school doctors from the West End Medical Society was present. They all participated in the discussion, and extended a cordial invitation to the lyceum members to attend their meetings at the Brighton Hotel. The consensus of opinion concerning the etiology of eclampsia was that as yet it is rather obscure. Albuminuria is no longer considered the only causative factor. It would seem the faulty elimination of the end products of metabolism plays the most important role. All agreed that in these cases the old proverb, "An ounce of prevention is worth a pound of cure," is pure gold.

At the present writing Cincinnati is experiencing an uprising of "the beautiful Ohio." The far-famed Rat and Sausage rows are under water causing great loss and hardship to the poor people. The medical clinics will be increased in size by the flood. Bronchitis, colds, rheumatism and tonsillitis will inevitably follow. The great flood of 1884 was followed by an epidemic of diphtheria in the poorer quarters, and the clinic rooms were overcrowded. Clinical material depends to a great extent upon the prosperity of the country. Under stress of circumstances many people will come to a free clinic who would not do so in more prosperous times. The man with the lantern need go about in the daytime looking for an honest man no longer. Pulte College has found him. He was prescribed for at the clinic almost a year ago. A charge of ten cents was made for the medicine. He was unable to pay for it at the time, but left promising to do so as soon as possible. A short time ago the college received a letter from a small town in Texas. It was from the before-mentioned patient and contained ten cents. He explained that he had been unable to send it before, that he was grateful for being cured, and begged the indulgence of the college for having to wait so long for the money.

A letter from another patient brought ten cents for some more medicine. He had been prescribed for, and the medicine relieved his rheumatism. This letter ran: "I take great pleasure writing you that I have the rheumatism again, and want some more medicine like the other."

Dr. W. F. McCrary has been elected clinical assistant to Dr. T. M. Stewart in the chair of ophthalmology in Pulte.

Dr. C. E. Walton was elected a vice-president of the Ohio Medical College Teachers' Association at a meeting held at Columbus during the holidays.

Drs. Geiser, Sr. and Jr., and Dr. McCrary have moved into their fine new offices in the Groton building.

Dr. T. E. Reed, of Middletown, Ohio, has consented to appear before the lyceum at its next meeting and read a paper on his hobby, "The Influence of the Tides on Sex and Labor." The doctor's investigations have extended over a long period of time, and his ideas are worthy of serious thought by the profession.

Dr. Ida McCormick has gone to Colorado for a month's visit at her brother Lynn's home.

LOS ANGELES NOTES.

In this growing city there are now more than a hundred homœopathic physicians. They are universally recognized as among the leaders of the West. In every department of medicine there are experts in this city, the equal in skill of their colleagues anywhere. Every hospital in Los Angeles has the "open door" for our practitioners. We glory in their prosperity!

Los Angeles is building fine buildings and exalted professional reputations. Among the latter is numbered that of Dr. Francis B. Kellogg, who has offices in the new Temple Auditorium, confining his practice to diseases of the eye, ear, nose and throat. Dr. Kellogg has so long been a resident of the State of California that he is entitled to be called a native son of the Golden West. He is blessed with a splendid clientele and a noble hospitality.

The most business-like doctor we have ever met is Dr. W. E. Waddell, the well known oculist and aurist of Los Angeles. He applies the same clockwork regularity to his practice that the successful banker uses in his calling. He is at his office on the stroke of the clock and meets his appointments promptly. Men of affairs are attracted to Dr. Waddell by the happy combination of expert pro-

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fessional knowledge and business-like office methods. This combination is sure to win, as is demonstrated by the phenomenal practice of Dr. Waddell. We do not overlook the fact, however, that the doctor is a fine homœopathic prescriber; he has not forgotten that he was once a successful teacher of materia medica in Hering College.

The Middle West has contributed, among other useful members of our profession on the Pacific Slope, two well known and successful oculists and aurists. They are Dr. Frank S. Newberry, formerly professor of ophthalmology and otology in Iowa University, and Dr. Harlan T. Kerr, late of Peoria, Ill. Both men have been in Los Angeles but a few years, but to each has come a satisfactory and increasing measure of success. They have many friends in the East who will be gratified to learn of their achievements. In this specialty, as indeed in all the specialties, California is fully abreast of the times. Dr. Newberry has offices in the O. T. Johnson building, a Mecca for homœopathic physician, and Dr. Kerr is nicely officed in the Braley building.

Right in his element in busy Los Angeles, with the same courtesy and same warm heartedness as of old, is our friend, Dr. W. J. Hawkes. The doctor is president of the county society, and active, as always, for Homœopathy. He has built up a fine consultation business.

Dr. E. C. Buell, the surgeon homœopathist, continues in the front rank of our Los Angeles specialists. It is a pity that some college class is not benefitting by his skill and teaching ability.

We learn that Dr. E. C. Manning maintains his hold upon the hearts of Los Angeles citizens. He is one of our leaders in the West.

In another letter we will speak of other members of our school in Los Angeles and vicinity.

CLEVELAND NEWS NOTES.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, O.

For two days in December, Dr. M. O. Terry, former surgeon general of the State of New York, was the guest of the faculty of the Cleveland Homœopathic Medical College. He devoted the greater part of his time to the delivering of lectures to the students of the college, though his audience comprised a large number of those of the profession in the city and the surrounding towns who had known him for years. His talk covered a wide range of subjects, and bristled with a multitude of good points in the treatment of disease learned by him during the course of his long and eminently successful practice. It was a rare treat not only for the students but for the many who heard him who are in active practice.

In the evening General Terry and his wife were entertained at dinner at the Hollenden Hotel by a large number of Cleveland physicians, among whom were Drs. Quay, Wood, Biggar, Phillips, Horner, Staples, Jones, Lytle and many others whose presence contributed to the occasion, and who all were delighted to do honor to the very estimable doctor and his wife. Mrs. Terry is showing her very philanthropic nature by the building and endowment of a large home for aged people. This institution is to occupy a commodious and thoroughly modern structure just outside the limits of Cleveland in its fashionable Euclid avenue residence district. General and Mrs. Terry spent part of their time in an inspection of the building now in course of construction, and were well satisfied with the progress made. It is to be hoped that this visit is only one of many with which we may be favored.

The Cleveland Homœopathic Medical College showed enterprise in having Dr. M. O. Terry deliver a course of lectures at the institution. The Dean, Dr. Geo. H. Quay, is to be congratulated on the success which is attending his well directed efforts to give the students the best that can be found.

We note the announcement of the marriage of Dr. John B. McBride, of Zanesville, Ohio, to Miss Lulu Viola Black, of Cleveland, Ohio. Congratulations!

Dr. Earle V. Gray, Cleveland Homœopathic Medical College, '05, has located in Cleveland, sharing the office of Dr. J. Richey Horner, 655 Rose building. Dr. Gray has just finished his term of service at the Metropolitan Hospital, New York, where he put in eighteen months of hard work. He comes to Cleveland well equipped for the successful career which we are sure awaits him.

Dr. Newman T. B. Nobles is the new president of the executive staff of the Cleveland City Hospital. The staff is a mixed one, both schools of medicine being represented.

The following were elected officers of the homœopathic staff of the Cleveland City Hospital; President, W. E. Trego, M. D.; Vice-President, H. F. Staples, M. D.; Secretary, L. E. Siemon, M. D.

WASHINGTON NOTES.

BY CORDEN F. WARNER, M. D., WASHINGTON, D. C.

Dr. Wm. Hays Brown, formerly of Washington, D. C., has opened an office, 6607 Lansdowne avenue, Philadelphia, Pa.

Dr. Homer I. Silvers, formerly assistant surgeon in the Homœopathic Hospital, Washington, D. C., has opened an office in the Le Grande apartments, Atlantic City, New Jersey.

Dr. Edith Birney has closed her office in the De Soto apartments, to accept the position of resident physician in Galen Hall Sanitarium, Atlantic City, New Jersey.

Dr. Robert S. Moth, medical interne in the National Homœopathic Hospital, Washington, D. C., during the spring of 1906, has located in the Professional building, New Orleans, La.

Dr. Frank H. Towner, 1906, Hahnemann College, Philadelphia, Pa., has opened an office, 1303 I street, Washington, D. C.

Dr. Walter G. Trow, 1906, Hahnemann College, Philadelphia, Pa., is located at 912 East Capital street, Washington, D. C.

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The annual business meeting of the Washington

Homœopathic Medical Society was held January 8, 1907, at Hotel Shoreham.

Papers presented by Drs. Swartwout and Gibbard gave a very thorough and instructive synopsis of the many valuable papers read in the December meetings.

The death of Dr. Simon I. Groot, ex-president of the society, and the oldest member of the homœopathic school of the District, was brought to the society's attention, and incited from the older practitioners their recollections of the doctor's prominence while in his active practice. Committees were appointed to form appropriate resolutions of the society's sincere sympathies and revered memory. Flowers were sent to the home of his son from which the doctor was buried.

The remaining time was given to the nomination and election of officers for the year of 1907. The following men were unanimously chosen: President, Dr. Chas. A. Davis; Vice-President, Dr. Marvin A. Custis; Secretary, Dr. John R. Sharp; Treasurer, Dr. Ira W. Dennison.

In representing the Homœopathic Medical Society of the District of Columbia before the House District Committee on January 17, 1907, Dr. J. B. Gregg Custis presented a very forcible and logical argument protesting against the passage of the Senate bill to license osteopathic practitioners.

OBITUARY.

Dr. George S. Hall.

Bristol, Conn., December 4th, æt. 59. New York Homœopathic College, 1872. The doctor was a medical examiner for Bristol.

Dr. Cornelius Hogan.

Chicago, Ill., December 7th. Hahnemann Medical College, Chicago, 1882.

Dr. Martha Champlin.

San Francisco, November 22, æt. 62. Formerly of Framingham, Mass. Boston University School of Medicine, 1889.

Dr. Laura A. Stow Ballard.

Berkeley, Cal., December 8th. Hahnemann Medical College, Chicago, 1875. Dr. Ballard was one of the most prominent women physicians of the Pacific Coast, well known and much beloved.

Dr. John M. Miller.

Springfield, O., November 25, 1896, æt. 69. New York Homœopathic Medical College, 1869.

Dr. Robert W. Southgate.

South Weymouth, Mass., November 22, 1906, æt. 45. Boston University School of Medicine, 1881.

Dr. William K. Knowles.

Dr. William K. Knowles died at the Massachusetts Homœopathic Hospital, Boston, on January 7th. For the past year he has been manager of the New England Medical Gazette, and was in active practice in Everette, from 1886 to 1892, when ill health forced hm to retire. During his practice in Everett Dr. Knowles was chairman of the board of health, and one of the originators and trustees of Glenwood cemetery. He was also medical examiner for several insurance companies, and an active worker in church and Young Men's Christian Association.

Dr. Francis E. Doughty.

New York, December 28, 1906, æt. 59. College of Physicians and Surgeons.

Dr. R. P. Wales.

Formerly of Lanark, Mo., died in Colorado Springs on January 1st, æt. 67. Homœopathic Medical College, Mo., 1861.

Dr. Frank H. De Camp.

Elmira, N. Y., December 22d, æt. 38. New York Homœopathic College, 1892.

AT THE SURGICAL CLINICS.

Often, and eager, in days of yore,
I entered Bellevue, at clinic room door,
Attracted by surgeons of growing renown,
Caparisoned each in a pure white gown.

Ills to combat of young people and old,
Borne to the college from poverty's fold;
Gently transported in ambulance bed,
Or on a stretcher with thoughtful tread.

Some of the patients exhibited fear,
Displeasure evinced; when surgeon drew near,
Essaying cause of their symptoms to find,
Ere he could aid a torn body or mind.

A few rebelled when it was proposed
To probe a wound before it was closed,
Or catheter pass a bladder to drain,
Ending tenesmus and slow growing pain.

But soon to pressure and argument kind,
They yielded becoming fully resigned
To doctor, nurse and surgical tray,
Fearing the sequelæ born of delay.

Dreading the punitive woes of neglect,
And battle with foemen hard to detect,
Besides the agonies people endure,
Day after day, by refusing a cure.

Enlightened they welcomed scissors and blade,
That portals create to structures invade,
And even remove defending dear life,
Often assailed on this planet of strife.

The surgeons concerned won national fame,
Treating the lowly when crippled and lame:
Won it, by giving them genius and time,
Prompted by thought and motive sublime.

Noble examples the students all said,
Of toiling for nothing by duty led,
When they could ask from scion of wealth
A fortune for patching his broken health.

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The sorrowing classes, injured or ill,
They gave rare advice and excellent skill.
Until promoted by orders divine.
Leaving us glories that linger and shine.

I saw at one clinic a Teuton brought in.
Whose breath was ladened with fumes of gin;
Long had he followed the banner of sin,
Augmented nightly the Bowery's din.

In jolliest mood he ogled the class
Before him, watching the bright needle pass
Through cuticle red on his puffy face,
Uniting deep wounds with surgical grace.

Having spurned ether that internes keep.
For shock-stricken persons in need of sleep,
Preferring the torture, without it, imposed,
Rather than sewing permit while he dozed.

Next patient appearing had visage black,
Poor fellow crushed on a railway track,
With fractured skull he breathed oppressed,
While a rib emerged from his sable breast.

In conference solemn, the surgeons thought
Trephining would be with hazard fraught,
So they rolled him off on the morrow to die,
Regretting they dare not the trephine try.

Then came a lad with light wavy hair,
Attended by aunt in throes of despair,
Because as her guest he stole out to play,
And fell under wheels of a loaded dray.

Sustaining two fractures, one compound,
Seen when the little boy mangled was found.
Besmearing with blood the frozen ground,
And toys of his that were scattered round.

From those juvenile lips there came no cry,
As bones were set in each slender thigh,
And made immobile by comfortless splints,
Worn 'till his cheeks surrendered their tints.

C. S. Eldridge, M. D.

No. 70 State St., Chicago, Ill., Jan., 1907.

A Primer of Psychology and Mental Diseases

For use in training schools for attendants and nurses and in medical classes, and as a ready reference for the practitioner. By C. B. Burr, M. D., Medical Director of Oak Grove Hospital (Flint, Mich.), for mental and nervous diseases; formerly Medical Superintendent of the Eastern Michigan Asylum; member of the American Medico-Psychological Association; of the American Medical Association; foreign associate member Societie Medico-Psychologique of Paris, etc. Third edition. Thoroughly revised, with illustrations. Pages viii-183, 12mo. Bound in extra vellum cloth, $1.25, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The subject of insanity is frequently discussed in the newspapers and magazines of the day, and it is absolutely necessary that the doctor should be in a position to give information about it. It will not do for a doctor of this age to be ignorant of its manifestations, as he may at any time be asked by his patrons to explain to them this or that condition concerning which they have read in their daily paper. Ignorance may prove embarrassing. And it is no less necessary for him to know the workings of the normal mind. It is a fact that very few of the great mass of physicians are prepared to discuss with any degree of intelligence mental action either normal or abnormal. For this defect they are perhaps excusable, inasmuch as there is so little known of the mind in comparison with what we know of other functions of the body. Still there is no excuse for ignorance about what is generally taught on the subject, and every physician should be as fully posted as is possible.

We have used Dr. Burr's book for a number of years, and this third edition comes to us much amplified and improved. It takes up psychology in a way which is at once simple and very thorough. He treats first of life, the brain and the faculties of the mind, following this with a lucid discussion of the power of thinking. In this section he discusses the development of the mind, the senses, sensation, perception, memory, ideation, reasoning and judgment. Then by a logical process he develops a consideration of feeling, emotion and volition, ending the chapter with a consideration of the relation this study has to a study of the perverted mind This patter part shows very clearly the link which connects the sane with the insane, and serves as a proper preface to the second chapter of the book, which is a carefully prepared discussion of insanity.

It is really remarkable how much of real worth Dr. Burr has crowded into this part of his book. That he is a competent teacher goes without saying. His many years of experience in Fline Hospital for mental and nervous diseases has given him a thorough knowledge of the disease in all its phases. He conforms in this edition to the newer classification of mental diseases, and his treatment is at once practical and up-to-date.

The low price of the book places it within the reach of all, and we bespeak for it a wide circulation among those physicians whose work is of a general character, and who have time for only the smaller works on special subjects. H.

Simplified Course of Instruction on Refraction.

By R. S. Piper, M. D., Bloomington, Ilinois.

This course is contained in four small pamphlets nicely arranged and especially simple. It is advised to read each part three times carefully, and then to open the sealed questions at the end, which, presumably, contains a sort of self-examination scheme. We are taking the "course" ourselves, and have not got as far as that yet.

It seems to us to be a very useful work and a practical one, and certainly the author has succeeded in simplifying the subject.

International Clinics.

Sixteenth series. Volume III. J. B. Lippencott. Another volume of the chief medical publication of this house, and up to its customary standard.

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Practice of Medicine.

THE ACTION OF BARIUM SALTS IN ARTERIO-SCLEROSIS.

BY FRANCOIS CARTIER, M. D., PARIS, FRANCE.

The salts of Barium (Baryta carbonate or acetate, Baryta muriate) are constantly in use in Homœopathy in the treatment of tonsillitis, glandular and other lymphatic tissues, but it seems desirable to call attention to their remarkable action in the vascular system, especially at a time when arterio-sclerosis is so common and well known.

The homœopathicity of the Barium salts in diseases of the circulatory apparatus rests scientifically upon the experiments of numerous physiologists, who have all proved that Barium acts upon the heart and blood vessels.

More particularly respecting arterio-sclerosis I have especially directed my researches to works which should have indicated modification of the arterial coats by the toxic salts of Barium. Unfortunately I found nothing which could resemble the picture of arterial sclerotic degeneration; but if nothing is known of the tissue changes, at least the physiological changes of arterial tension are of the most evident.

This is what can be found in the works of Bohm. Mickwitz, Bary and of Professor Kobert, of the Dorpat school; Sidney Ringer and Sainsbury. A great number of experiments were made with the chloride of barium. The acetate is equally soluble, but the carbonate of barium is only slightly, nevertheless it should be active because it dissolves freely in the presence of the digestive fluids.

All experimenters compared the action of Baryta to Digitalis. It commences by increasing the action of the heart, to slow it afterwards and stop it in systole. Like Digitalis it stimulates the cardiac muscle in its primary action, and then it depresses its vitality. Dartmoor's example in a case of fatal poisoning by the acetate of barium is typical; the pulse rose at first to 125 and 130, then fell to 56, then lower, ending at 25. In small doses warm blooded animals show a slowing of the pulse.

Blood pressure is greatly increased by Barium; as in Digitalis, blood pressure increases considerably in cases of poisoning by the chloride of Barium to descend to zero at the time of death.

There is a considerable contraction of the blood vessels. Profiting by this observation Professor Kobert, of Dorpat, even tried to treat dilatation of the subcutaneous veins according to the method of contraries by means of a liniment of Barium chloride.

The arterioles are diminished in volume probably from excitation of the smooth fibres; the muscular tissues of the bladder and intestine is likewise excited; the cardiac extremities of the vagus towards the last are paralyzed.

The curious experiments of Pillet and Malbec, different from other authors, are worthy of note. They describe a nephritis with congestion of the glomerules, hæmorrhage in the tubes and cellular lesions of the labyrinth. Personally, I have obtained about the same hæmorrhagic lesions with toxic doses of nitrate of barium. They are examples of localized hyper-arterial tension.

In our homœopathic school the cardiac symptoms of Barium in the healthy man are not wanting, they are very well recorded in the works on diseases of the heart by Hale and Snader.

This is found: Barium to the present time has not been used much as a remedy in affections of the heart, although it has decided action upon the heart and the capillary vessels.

As objective symptoms Baryta carbonica has the following: Violent palpitation, of long duration; palpitation when lying on left side; palpitation returns by thinking of it; pulse full and hard.

Baryta muriatica has irregular beating of the heart, pulse is scarcely perceptible, pulse rapid, soft and irregular.

Brunton found that Barium acted as energetically as Veratrine, and classes it with Digitalis, Helleborine, Squilline, Strophanthus and Caffeine.

Finally let us cite the observations of Hahnemann, they are all confirmed in the materia meidcas of his followers, Allen, Farrington, Hughes, Hale, etc. Hahnemann gives as indications of Baryta diseases of old age. The state of the heart and the blood vessels of the aged is certainly similar to that which one expects in the secondary symptoms of Baryta, and Hale adds that he would not be surprised if we would find in Baryta the remedy for many of the cardiac disorders that accompany old age. It is precisely this that I will try to develop as a result of my personal observations on Baryta in arterial sclerosis, that is to say, in the troubles occasioned by senility of the arteries.

As arterial sclerosis can manifest itself in the entire organism, I will insist particularly upon two regions upon which I have made the greatest number of observations: Cerebral arterial sclerosis and its consequences and pulmonary arterial sclerosis or senile asthma.

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Cerebral Arterial Sclerosis.

Hardening of the cerebral arteries manifests itself sometimes by slight and sometimes by grave symptoms.

Among the slightest symptoms I would call attention to a cephalalgia, more or less dull, without any acute crises, that shows itself as a heaviness rather than a pain; the face is not congested as in headaches of dyspepsia, or of the young, but they are light troubles which come and go and which especially appear at night when resting on the pillow. These headaches correspond perfectly to Baryta; it is well to rest from time to time if the head is free.

I will cite more particularly as a clinical observation the case of an old lady who suffered from an obstinate cephalalgia, for which, after failure of ten remedies, I was led to prescribe Baryta muriatica 3d trituration in water, two teaspoonfuls a dose daily, thinking it was a case of chronic cerebral arteritis. Lilienthal gives as characteristic "Headache of aged people who become childish." It is not necessary that the patient become childish, in which case I would even prefer Picric acid; but, nevertheless, the other signs following have their importance. "sensorium not clear; loss of speech; headache in persons mentally and physically dwarfed; sensation as if head were compressed in a vise; stiffness of neck."

As similar to Baryta in the headaches of the old I would mention Arnica; these remedies are, if I may so express it, tonics for the arteries.

By the side of cephalalgias of the aged we should place vertigo from cerebral anæmia, caused precisely by induration of the arteries. Baryta relieves these vertigoes, but I have never succeeded in a complete cure, because sclerosed arteries stay sclerosed. Roaring in the ears in old men, whose organs of hearing are ossifying, so rebellious to all treatment, can be likewise somewhat ameliorated by a long course of treatment with the two Barytas, the carbonate and the muriate.

Finally we come to the grave consequences of induration of the arteries. Prof. Allen says in his Handbook of Materia Medica: "It is a remedy of very great value in degeneration of the coats of the arteries, arterial sclerosis, apoplexy as a result of senility."

I do not believe that the salts of Barium are the immediate remedies in apoplexy, but all the same, having an action upon the muscular tunic, they enter into the category of preventives of apoplexy, and even we find them of use in the remote consequences of apoplexy, and upon this subject the observations of authors abound; paralysis following apoplexy in the aged; headaches of the aged who become childish as a consequence of hemiplegia. In fact, I have observed ameliorations of headaches, troubles of the tongue, and paralysis, due to old hemiplegias, one of which had lasted for more than three years. Of course, Baryta must be given for months; it is a remedy of long action, which does not tire the stomach and which acts slowly without medicinal aggravation. I find it superior to Causticum, so much advised, in the consequences of hemiplegia. We find the following in the materia medica of Dr. P. Jousset: The carbonate of Baryta is an efficacious remedy after Belladonna, Opium or Arnica, in the treatment of hemiplegia following cerebral hæmorrhage or softening produced by obliteration of the arteries; the slowness of the pulse, the dilatation of the pupils, and especially the aphasia, leads to the choice of this remedy. Let us recall that poisoning by Baryta produced cerebral hæmorrage in animals.

In all treatises on materia medica and therapeptics these same indications are given. I will also add that Richard Hughes indicates it for senility, premature or not. Farrington also advises Baryta for old people suffering from any form of paralysis, but principally that following apoplexy. Very often, he says, in old people the brain becomes atrophied without the cranium adjusting itself thereto; there results a space or a vacuum unless a serous effusion fills the same. There follows a paralysis more or less severe. Baryta is one of the rare remedies which cause a genuine paralysis of the tongue. It is frequently indicated, likewise in apoplexy of drunkards. He distinguishes Causticum from Baryta in that the former has contractures and spasms.

Cardiac and Pulmonary Arterial Sclerosis.

In the therapeutics of heart diseases I have often employed Baryta, thinking that in spite of the analogy of its toxicology with Digitalis it could not dethrone the queen of heart tonics; however, the official German school, as a consequence of the works of the Dorpat school, has employed the salts of Barium in cardiac affections, and Schedel, von Tabora and Firiczky, of Budapest, have published their observations.

I insist, in this article, upon the action of Baryta in induration of the arteries as being a chapter upon which I can offer personal observations.

Sclerotic aortitis may be greatly relieved, and even its symptoms may be effaced so as to simulate a cure by the alternation from week to week by one of the salts of Barium, carbonate or muriate, in homœopathic doses, 3d, 6th or 30th centesimal attenuation, with iodide of sodium in allopathic doses. You will excuse my bold eclecticism, I will accept your accusations, but will keep my formula.

In this same order undoubted cases of amelioration and even of cures of aneurism have been published. The facts are to be found in Allen, Hoyne, Hughes, and especially in Clarke's Diseases of the Heart. Allen cites the example of an aneurism of the descending aorta in which death seemed inevitable radically cured in six months by the first decimal.

I have not been so fortunate as my esteemed master, Allen, but in a very remarkable case of aneurism of the aorta, diagnosed by several physicians, I was able to relieve for months the oppression, the palpitation, and above all, a severe pain in the right arm. I found, however, always the pulsating tumor in spite of the amelioration; in short, the patient died suddenly; nevertheless, Bartya rendered an immense service for months. I will add that the patient underwent without success the new treatment consisting of gelatinous injections.

I will terminate the series of the localization of arterities suitable to Baryta by arterial sclerosis of

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the pulmonary arteries or senile asthma. It is here in my opinion the form in which Baryta incontestably develops its greatest energy.

Farrington indicates very judiciously Baryta in asthma of the aged, as follows: "We find Baryta indicated in old people, who have what is called suffocating catarrh with orthopnœa. I think you will understand if you will recall the influence of Baryta upon the muscular fibres, voluntary or involuntary. It paralyzes them. In old people the chest is very weak. They have a catarrh that is not very active, but which appears suddenly at night; there is difficult breathing with bluish face, etc. Baryta carbonica is one of the remedies that will come in after failure of Antimonium tartaricum. The patient complains of a sensation of smoke or of pitch on the lungs. Baryta should not be given in catarrhal asthma or asthma with emphysema; but when the disease is in the aged of a purely nervous variety, when there is aggravation by warm, moist air."

If I am entirely of the opinion of Farrington to give Baryta in asthma and in suffocating catarrh of old people, I interpret the reason in an altogether different name than he does. Asthma is no more of nervous origin than is suffocating catarrh, for if it was I do not see why the remedy would not act in young people. No, Baryta carbonica acts here as in the brain, as in the aorta, it acts upon the pulmonary arterioles and we will find it no more or less than a specific for induration of the pulmonary arteries, that is to say, arterial sclerotic asthma. Moreover, Lilienthal gives in bold type as characteristic of the remedy senile asthma.

I will cite a remarkable example of amelioration or pseudo cure of a typical case of pulmonary arterial sclerosis:

My patient was seventy-seven years old, and presented all the signs of arterial induration at the pulse at the wrist, axilla, temples, etc., a pipe stem hardness of arteries and zigzag course wherever they could be felt. Since the age of seventy he had suffered with an asthma that he could not get rid of. After examining his arteries I gave him Baryta carbonica 6 and 30. I saw him no more, but at the end of eighteen months I found my patient completely transformed, going up stairs easily, and having passed a winter which seemed to him like a paradise on earth. Much puzzled I asked him what he had done; he replied that he had taken without failing a single day, the Baryta carbonica for eighteen months. I examined him again and found that he still had his pipe-stem arteries, and that in spite of the praise of Baryta, this remedy had not succeeded in rejuvenating his arteries, but his lungs breathed. It is certain that the arteries of the lungs remained like those of the pulse, and that at the first cold the asthma will reappear. If Baryta modifies the symptoms of arterial sclerosis it cannot restore elasticity to arteries, at least completely, no more than can the Iodide of sodium.

We may, therefore, be permitted to conclude as follows:

It may be that Baryta modifies or arrests the progress of arterial sclerosis without being able to cure that which is definitely sclerosed; it may also be, and it appears to me probable, that Baryta modifies the arterial tension and relieves the subject of arterial sclerosis rather than the arterial sclerosis itself. This fact falls within the domain of similia, since poisoning by it produces in a real and scientific fashion disorders of the circulation. Arterial tension and contraction of the muscular tunic are sufficient themselves to explain the homœopathicity of the remedy in arterial sclerosis.

I regret much not to have found in the researches I have made lesions of the arterial tunics in the toxicology, although Farrington uses this phrase: Baryta seems to have bought about paralysis by causing a degeneration of the arterial coats, but upon what kind of degeneration, and upon what researches does he found this? Outside of this phrase I have found nothing scientific upon microscopic researches in arterial histology.

Moreover, then, a singular fact about arterial sclerosis: the poison which resembles most that disease is lead. Workers in lead see their arteries harden early, and yet lead had never cured a single case of arterial sclerosis.

I recall yet the astonishment of Professor Allen in his course that he gave at the New York Homœopathic College sixteen years ago.

Why has lead no homœopathic action? Because sclerosed tissue is unattackable. We have remedies which we can actually see act upon inflamed cicatrices, but they do not attack the cicatrix.

The cicatrix can contrast itself by necrosis and by compression of healthy tissue, but sclerosed tissue is one of the evidences of old age, it evolves with the organism even of the aged; there is the whole difficulty of destroying arterial sclerosis.

Nevertheless, as we are easily able to prove the slow reduction of the tonsils by the prolonged action of Baryta, it is not impossible that this remedy may attenuate in its march a proliferation of tissue without doubt more robust than tonsillar tissue, or, at least, we have the certainty that it modifies arterial tension if it does not modify the coats even of the vessels.

It is, therefore, good that we can offer in our school a remedy analogous to the Iodide of sodium, which continues to be the basis of official therapeutics.

[Translated by W. A. Dewey upon request of author.]

SYPHILIS, UP-TO-DATE.

BY W. B. CARPENTER, M. D., COLUMBUS, O.

[Prepared for Miami Valley Medical Society, October, 1906.]

An opinion seems to have prevailed a long time that there are at least two or three certainties in the medical field, thereby confessing or admitting that nearly everything in that branch of human experience is subject to change, development and improvement. Opium, in its control of pain, is called one of the certainties in medicine; so is the effect of the salts of Cinchona on the malarial attack, and so are Mercury and the Iodides upon syphilis. But the iconoclasts are always at work, and they have

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succeeded in so injuring it not shattering the old idols, that we dare not languidly follow the old order of things, if we care about being in a class with our fellows, either in theory or practice. Relief from pain and suffering is not always best or most rapidly obtained by an opiate. Quinia does not reach every case or condition due to malaria, and many a true case of syphilis needs other remedies than Mercury and the Iodides. To be sure, the developments due to research along these lines are constantly recorded in current literature, but so far as I know the rank and file of practitioners are satisfied with the dicta of the lectures in their school days, and do not vary from the lines of treatment then so positively laid down. I would like to have you run over with me some interesting points that I have noted while bringing up-to-date my studies on the subject of syphilis.

I. What is Syphilis?

Is a question that has been asked for ages, and to this day has not been definitely and accurately answered. It is now supposed to be due to bacterial action, when the virus has been placed upon a broken or denuded surface of the body. Efforts to discover the bacterium are to this time unavailing. Claims are made that the clinical history of this infection corresponds in general with bacterial action in the way of affecting the system after some initial point is attacked, and also in the way of rendering such system less liable to reinfection. Careful observers have even succeeded in inoculating some animals with the syphilitic fluid, but the clinical results have not been helpful, nor the toxins remedial. As of old, it is safe to say that this is a disease due to some specific contagion, really following impure contact. One other point I would like to render prominent and that is that naturally syphilis is a self-limited disease, "tending to complete and definite recovery," and develops chronic or remote sequelæ only in those cases where carelessness or ignorance at the beginning force the unfortunate progress, or where the constitutional soil is such that no amount of care can prevent the abnormal appearances.

II. What is Its Cause?

As just stated, no definite first cause is known, except this that impure contact is necessary in the first instance—once implanted it may be spread by being introduced into a system through abrasions reached by other means than sexual congress. In congenital cases, it seems now that the blame is entirely with the father, but a syphilitic mother can inoculate her offspring at birth by a lesion on the genitalia, or after birth (there being no such lesion) by or through sores on nipples or other parts of her body. It is the humorous side to this question to hear the many causes and methods for these lesions rehearsed by the victims as one by one they try to deceive or mystify the medical man.

III. How is It Recognized?

This is the question of diagnosis. Is that an easy thing? It may be, and, on the other hand, it may be not. Given a presenting case in the acute stage as follows: A single lesion of considerable size, an ulcer at some point of the external genital tract, not deep nor very angry looking, precipitous sides, indurated edges, bottom covered with yellowish-gray mucus, and giving a stiff, parchment-like feel on side pressure, no tendency to rapid healing, impure contact admitted or denied, as the case may be; what would be your answer to the question, "Doctor, what is the matter with me?" Guided by the teaching of years ago you would unhesitatingly say "syphilis." And may be you would be right; but really now, would you be absolutely sure, and would you be justified in giving an unqualified diagnosis of that kind? The tendency of later investigations is to prevent too much assurance. You might have tubercular ulceration; you might have a lesion from caustics applied to remove some far different condition; you might have a sore from filth or other infection; you might have yet other things than a leutic invasion, but I mention these few things to show that an accurate diagnosis "on the spot" is unwarranted by what exists during the earliest stages. You may hit it all right by such diagnosis, but it will be far wiser to use such qualifications as will later allow you to be safe.

IV. Now for a Moment Think on Some Consideration of Pathology.

Long has the controversy waged as to whether this disease primarily is local or constitutional, and many claim now that this point can only be settled when the biochemistry of the syphilitic virus has been established. But I cannot understand why this question will admit of any argument worthy of the name. To be sure the virus enters the system through a circumscribed spot, and almost immediately meets the cellular, lymphatic and circulatory currents, and is swept on its mission of destruction beyond the power of any one to reach by means applied to the point of entry. If it were reality local, the wound would heal permanently as any ordinary scratch. To infect the organism the virus must get into it and through it; this syphilis does, as does many another poison.

Years ago Ricord established the terms primary, secondary and tertiary as applied to anatomical lesions and symptoms incident to this trouble, meaning thereby to establish an order in which effects were to become manifest. These names are really very confusing, as such regular sequence rarely occurs; for many times gummata and tropi and irritation of meninges or nerve centres are seen coincident with the fever of beginning irritation and the very earliest skin symptoms. I am voicing the opinion of the best recent observers when I say that perfect recovery occurs in most cases of lues very early in the attack, at the subsidence of the constitutional irritative symptoms; still in many cases after a dormant period the virus seems to awaken anew to develop more severe and dangerous morbid products. There is an interesting question in this connection. "In those cases where the primary symptoms disappear and a period of apparent health follows only to have later severe, deep luetic conditions supervene, where has the virus been stored or retained, and what awakens it to active pestilential progress?" Will not each one of you give your views deduced from your clinical experience?

V. Symptoms.

I shall not attempt an enumeration or classification of symptoms, for their name is legion. I want merely to refer particularly to some of the symptoms exhibited when the nervous system is attacked as it is in later stages and may be in the very earliest stage. It may be said in passing that the nervous system is attacked more frequently than any other internal organism. The headache, vertigo and meningeal irritability of the early stages are well known, and later these still exist with emaciation, digestive disturbances, neuralgias in various parts of the body. The deep pains of more severe meningeal involvement, with hæmorrhagic tendency, degenerations of the spinal cord and mental depravity indicate a firmer hold of the malady. One can almost be justified in assuming to be syphilitic, a condition characterized by a severe, constant pain in the head, sometimes increased by pressure or percussion, especially if associated with vertigo and very little nausea. (It may not be politic or safe to voice what you assume.) In fact, nerve tissue may take on any of the diseased conditions that are caused by this malady in any or every other tissue of the body. It was said by a prominent teacher, "When you are in doubt as to the remedy give Sulphur" (meaning thus to get time to study your case), but it would hardly do to diagnose syphilis on the same principle as long as you were at all in doubt as what you had to deal with; in this instance you must do your studying first, then talk.

VI. Treatment.

For years it has been the habit of most practitioners to give Mercury alone, especially in what they have been pleased to call the first and second stages, and they would follow the intensive method, large and increasing doses for several years, and if there were any later manifestations use more Mercury with Iodine added. When we stop to consider the fact that the lesions of this disease tend toward spontaneous retrogression, and there is a so-called "attenuation of the virus" as the months and years go by, even though at times some severe manifestations appear after a few years, the modified treatment of Fournier appeals to me as being more rational as well as more successful than any old style ironclad methods. This has the merit at least of breaking up the four-year intensive mercurialization into periods of say two years initial medication, with another year of treatment at the fifth year of the disease, and a third year's course at the eighth or ninth year after infection, thus giving the patient a breathing spell during those intervals when naturally the manifestations are dormant. For says Fournier, "Mercury like vaccination is a preventive, but again like the latter its action is only temporary; just as you must vaccinate, so also must you mercurialize to protect against further onsets of the disease." It may be again said in passing that herein is a blow against the old beliefs as to vaccination by whatever method practiced, that once well vaccinated always immune. The recommendation now of the best specialists is to give metholical mercurial treatments for two years; then stop all special treatment for two years; then another course for one year; then another coursce of one year after a second interruption of two or three years, no matter though the patient seems well in every respect. The reason given for this method is that it "can do no possible harm to the patient, and may ensure perfect health to the children" as far as the influence of this infection is concerned. Any and every treatment for disease can be of avail only in so far as it assists nature's own forces to do their work, and in this sense Mercury is thoroughly homœopathic in the treatment of lues, but its record is not such by any means as to warrant calling it a specific. Many other remedies may be called for in the progress of the malady in different constitutions, each as reliable and effective as Mercury in any stage, and which will so strongly appeal to the practitioner that he can have no possible reason for routine mercurialization.

102 Buttles Avenue.

A PRELIMINARY REPORT OF MY EXPERIENCE WITH THE OPSONIC THERAPY IN CERTAIN SKIN DISEASES.

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While it is only about three months since I began to make personal test of Wright's opsonic therapy in the treatment of skin diseases, I feel that in view of the fact that my results have already been so satisfactory, and, as far as I have gone, corroborative of those reported by Wright and his pupils, I am warranted in making this preliminary report at this time, and especially so since the method is at present so little appreciated in this country.

The great obstacle to popularizing the treatment, is the difficult and tedious laboratory technic connected with it, necessitating the services of an expert bacteriologist especially trained for this particular work. We are fortunate in having such a man in Detroit in the person of Dr. A. P. Ohlmacher, and I am indebted to him for the vaccines and laboratory work connected with the treatment of these cases.

The method of procedure depends upon the theory that there are certain protective bodies in the serum of the blood which prepare the germs of certain diseases for phagocytosis. These protective bodies Wright has happily named "opsonins," a word derived from a Greek word meaning "I cook," "I prepare for dinner," "I make delicacies for." Thus to use Wright's simile there are "opsonins in the serum which cook, so to speak, the bacteriæ and convert them into delicacies which the polymorphonuclear corpuscles phagocytose." We shall demonstrate this this evening by means of some slides which show the influence of the serum of the normal individual and the serum of a patient infected with staphylococcus, upon the phagocytic power of the leucocytes. In the first slide are the corpuscles and serum of the patient's blood mixed in definite quantities with an emulsion of pure culture

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of staphylococci from the patient's pus. This mixture was placed in the incubator for fifteen minutes, a drop placed upon the slide and stained. In the field you will notice a large polymorphonuclear corpuscle stained blue, and within it you will see several bodies of staphylococci. On the second slide, which has been similarly prepared, except that the patient's corpuscles were washed free from his own serum and then mixed with the serum of a normal individual who had no pyogenic infection. In the field you will notice a large polymorphonuclear corpuscle, and within it you will be able to count thirty bodies of staphylococci. Thus you will notice the phagocytes have a much better appetite when the serum of the normal individual prepares the staphylococci dinner. In practice the bacteriologist counts the number of staphylococci in a large number of the phagocytes, and takes an average of the whole in making up his estimate of the blood index. If the average number of staphylococci in, say, twenty phagocytes in the patient's serum is ten, and the average number in twenty phagocytes in normal serum is twenty, the opsonic index of the patient against staphylococci is one-half. In other words, the resistance of the patient against staphylococcic infection is only one-half that of the normal individual. Now having made this discovery, what are we going to do to start the economy manufacturing opsonins in the serum to properly prepare staphylococci for digestion by the phagocytes? This is the day of serum therapy, and for more than a century scientists have searched the disease itself for something which had the power to destroy the disease. A much persecuted man in Germany in the last century taught that that which would produce certain symptoms in the healthy would cure similar symptoms in the sick. We have good evidence that staphylococci under certain conditions produce acne, boils, abscesses, etc., is it possible that they could cure these conditions? What more natural than to try the toxins of the staphylococci themselves? But this is also a most scientific day; so if we use the toxins we should know definitely how much we are using in order to duplicate results. So Wright made a vaccine of the staphylococci and then devised a very simple and convenient method for counting the number of cocci in it. The vaccine is prepared by making a suspension of a culture of the staphylococcus in normal saline solution, heating it to 60 degrees C. for a certain time, and then to make doubly sure that an odd microbe has not dropped in to cultivate himeslf, and to prevent future contamination, a little lysol is added. It is important that the cocci be shaken apart, so that no clumps will be present, which would destroy the value of the method. This is the difficult part of the process, for some cultures of staphylococci are very glutinous and difficult to shake apart. One volume of the suspension is now mixed with one volume of blood from the finger, a drop placed on the slide and stained. On examination with the microscope red blood corpuscles with staphylococci between them are seen in the field. After counting the number of each (red corpuscles and cocci) in the field and in several fields, and learning the proportion of staphylococci to red blood corpuscles we begin our arithmetic, which will give results with less than ten per cent. of error. The red blood cells are present in normal blood to the amount of 5,000 millions to the cubic centimeter, and, if the staphylococci in the fields average equally as numerous, that must also be their number. Or if we count 400 red corpuscles in several fields and 200 staphylococci in the same number of fields our proportion would be as 400 red blood corpuscles are to 200 staphylococci, so 5,000 millions corpuscles in a c.c. of blood are to x, the number of bacteria = 2,500 millions. This will make the stock solution, and dilutions can be made from this to secure any number desired at a dose. The dose of staphylococci which Wright has used on the average is 200 millions, which he injects into the subcutaneous tissue under aseptic precautions. It is preferable to inject vaccine made from the culture of the coccus found in the patient's own lesions, but this is almost impracticable where a large number of patients are under treatment. The labor of making vaccines for each one would be enormous, and would make the treatment exceedingly expensive.

The Results of the Treatment.

So far my experience with the treatment is limited to sixteen cases with diagnoses as follows: Acne vulgaris (uncomplicated), 7; acne vulgaris in patient with keratosis follicularis of legs and arms, 1; furunculosis, 3; rosacea, 1; sycosis non-parisitaria, 1; pustular and ulcerative syphiloderm with ichthysis, 1; advanced inoperable carcinoma of face, 1; advanced inoperable sarcoma of face, 1; impetigo in patient with "lymphaticus staticus," 1. These being all long-lasting chronic diseases with strong tendency to relapse, it is impossible to report any case as absolutely cured in this short length of time, and most of them have not been under treatment a sufficient length of time.

I must also state that owing to the immense amount of work which Dr. Ohlmacher has had in the laboratory in connection with preparing vaccines, working out occasional indices of most important cases, growing and transplanting cultures, etc., it has been impossible to have indices worked out for every case, or to control the repetition of doses by the opsonic index, as should be done. However, Wright has developed the treatment to such an extent, with an experience of a large number of cases treated, that he has learned pretty well from clinical symptoms about when to repeat the dose, so we have felt our way along as carefully as possible, somewhat in the dark, but guided by the master's experience and the clinical symptoms of the patient.

REPORTS OF CASES.

1. Acne Vulgaris.

Six of the eight cases of acne are still under treatment. They have all improved from the first, and gave every indication of being on the road to complete recovery. They have only had from one to four injections each. The other two cases are apparently well after five injections. I present one of these cases to you this evening. Note her clear

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complexion, free from blackheads or pustules. The following is her history and record:

She is now twenty-five years old, single, of decidedly lymphatic temperament, and has always been in good health except for the severe acne from which she has suffered for eight years. This was one of the worst cases of acne I ever saw, when I first saw her nearly three years ago. At that time livid, hard deep-seated and superficial papules and pustules literally covered every part of the face. Blackheads were distributed here and there in and between the papules and pustules. Some of the pustules contained a large amount of pus, others contained small cysts, deep below the surface, which, when the skin was punctured and pressure was made, would often fly into my face or clear across

Case I.—Large flat pustules, ulcerative syphiloderma. After two months of opsonic therapy combined with mercury and iodide of potash.

the room. There was much seborrhœa of the face and scalp. The whole skin of the face appeared unhealthy, relaxed, red without tone, greasy. I treated her at that time for a few months with lepismatics externally, and indicated remedies internally, and practically cleared the face of all pustules, so it looked pretty well for several months. When she came to me again, the latter part of last October, there were a great many blackheads, several deep-seated and superficial pustules, and the whole face and scalp were very oily. Her opsonic index was .8, and only staphylococcus albus was secured from the cultures made from one or two pustules.

On October 30, 1906, I injected 200 millions each of staphylococcus albus and aureus into the subcutaneous tissue of the abdomen, using the albus from her own culture, and the aureus from a different source. There was no constitutional or local reaction after this injection until November 4th, five days after injection, when the face showed a sudden increase in the number of pustules, more on the right side. They were larger and more superficial than usual. November 13th, two weeks after first injection, the second injection was given of the same number and kind of cocci. The face was then somewhat improved. There were still many blackheads, but only about a dozen pustules, many of which had lost their red color, and looked brown and dried up as though aborted. November 20th, during the first five days after the last injection, she said she was cold most of the time, could not get warm, mentally depressed (very unusual for her, her disposition being naturally very jolly and cheerful), was achey in the bones, especially the ankles, was tired and sleepy. Now she feels quite well, looks very much better, complexion is clearer, and friends remark on her improvement. Fewer blackheads are observed. She says the blackheads come half way out of their own accord, hang there for awhile and then drop off. This was a remarkable statement, for I had not supposed it possible for the blackheads to be removed by any other than mechanical means, and I could not believe her until I actually saw the process, and the comedones were actually hanging half way out of the mouths of the follicles. This demonstrates the fact that there is no necessity for local treatment in such a case. I have noticed this phenomena in other cases of acne now under treatment, but not in all of them, though the blackheads disappear in some manner. (Wright advises against the artificial removal of the comedones.)

November 30th. The face and scalp are dry and free from oil. This is an entirely new symptom for her, as she had always been troubled with a greasy skin. She is now quite free from comedones, especially on the left side.

December 3d. Three or four new pustules. Great dryness and itching of the skin continues unabated. Injected 200 millions staphylococcus albus and citreus.

December 8th. No reaction from the last injection. Skin of entire body feels dry. Is no oily condition anywhere. She says that before these injections, as long as she can remember, the skin of her arms, thighs and knees were rough like a nutmeg grater, and is now surprised to notice that the skin is getting quite smooth. Upon examination of arms, thighs and knees I found a few nutmeg grater-like spines of keratosis pilaris.* (Brocq.) In addition there were slightly depressed, pale red, pinhead-sized punctæ in the sites of the hair follicles, where the spines of the hyperkeratosis had dropped off. They covered the posterior external aspect of the arms and the anterior external thighs and knees. Inasmuch as this disease is almost if not quite incurable, and so little is known about its pathology, I consider this a most remarkable result of the treatment.

December 13th. A few new pustules have ap-

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*Keratosis suprafollicularis. (Unna.)

peared in the last day or two. The dryness of the skin continues; the right side of the face and the wrists are red, slightly infiltrated, dry and scaly like eczematous patches, and itch considerable. I injected 200 millions of staphylococcus albus and aureus (fourth injection).

December 18th. Pustules are dried up. Face is looking exceptionally well, but still dry.

December 21st. Two or three deep-seated cysts on the right side of the cheek have not cleared up. Injected 400 millions staphylococcus aureus and albus.

January 12th. Face looks fine. Is almost clear of pustules and blackheads. The skin is of a good color. The complexion is clear and fresh, yet on close examination I find the skin is still dry, as are also the lips. She says the face feels as though it would crack. It does not itch so much. I prescribed a gelatin-glycerine roll cream for her. This is the only other treatment she has had since beginning the injections. She is feeling very well, and has an enormous appetite. Is gaining in weight. The legs and arms are perfectly smooth, there being no trace of the keratosis left.

January 23, 1907. The skin is now soft and smooth, and she does not complain of the dryness. I notice a very few keratoses developing in some of the follicles on the arms, but is generally smooth and soft.

II. Furunculosis.

Two of the three cases of furunculosis treated were acute, the other a chronic one of long standing. One of the acute cases was myself, and the other one of the members of this society. Both of us had attacks of boils previously when run down. Both of us had been having boils for about two weeks, and new ones were appearing. Our opsonic indices were both low, mine being .45. One injection of staphylococcus aureus taken from another patient caused the abortion of two new boils just appearing on my neck, and I have been feeling much better since, and at date of writing have had no more boils. The other case cleared up quickly with the one injection, and no new boils have appeared, though he has had one or two small pimples. He has felt much better than usual since, and so far has been free from frequent severe headaches he has had for years.

The chronic case is a man 41 years of age, a salesman and electrician, who came to me November 27, 1906, and gave a history of boils following an attack of scabies more than a year and a half ago. Since then he has scarcely been free from boils, as many as eighteen or twenty being present at one time. Last week he said he had eleven at a time. At present there are two on the neck, one on the buttock, one on the left knee, which is so swollen and sore he can scarcely walk, and one on the abdomen. He is thin, emaciated, has a worn expression and complexion muddy. Since last July he has not been able to work. He has no appetite, is discouraged and blue. No treatment he has had has seemed to influence the case in the least. The urinalysis shows the urine to be acid, of specific gravity of 1030, contains no albumen and no sugar.

We took blood for opsonic index and pus for culture. The latter yielded staphylococcus aureus, but in the rush of work the index was not worked out. On November 27th we gave him, empirically, 200 millions staphylococcus aureus.

November 30th he reported that about six hours after the injection he had chills and fever, and ached all over. The next day he felt all right. Some the remains of old boils on the neck which were about dried up, began discharging again, and all the other boils were aggravated, more swollen and red. Today the old boils are healing rapidly and the new ones have aborted without coming to a head.

December 3d a new boil, the size of a dollar, developed on the thigh, and ran a very short course—very different from usual. All the others have entirely disappeared. A new one is just beginning on the inside of the right knee. He feels much better generally, and has a much better appetite. Is quite cheerful. Injected second dose of 200 millions staphylococcus aureus (from his own culture).

December 11th (three days later). Patient was feverish December 9th and 10th. Yesterday the boil on inside of the knee had caused the knee to swell to twice the natural size, but this has gone down half to-day. All the boils have disappeared much faster than usual, and appear to dry up without discharging much, or any at all. Appetite much improved.

December 15th. Feels remarkably well. Fine appetite. No more boils, but has an erythematous, dry, scaly, itching eruption about the pubes and inside of upper portion of the thighs. There is also much pruritus ani with a watery discharge. Never had anything like this before.

December 20th. He is looking and feeling remarkably well. Is fleshier (but has not weighed), skin is clear and appetite is excellent. No more boils except two little pimples yesterday, and the shirt collar keeps the remains of the boils on the neck irritated so that they have an impetiginous apperance.

December 28th. The above dose was either too large or was given while still in positive phase, which his condition really indicated, for he has been much depressed ever since, apparently in the negative phase. His appetite has failed him again, and two days after the injection a large boil with inflamed area two inches in diameter developed on the thigh, and two smaller ones on the pubes. The former went away in two or three days without discharging much, but the latter remain hard and infiltrated. Will give no more injections until after he appears to have passed the positive phase again as nearly as I can tell by the clinical symptoms.

January 14th. Twenty-five days since the last injection. Was still depressed for a week or two after the last report. The boils in the pubes broke and discharged in four or five days, and then a small one developed in the navel. It aborted and did not amount to much. Has had no other boils. Is feeling very well again. His appetite is splendid, and he looks well. Has been working hard at his business of installing electrical machinery for sev-

eral weeks. The eczema and pruritus ani are almost well. Injected 200 millions staphylococci aureus to fortify him.

January 23d. He is now quite well.

III. Sycosis Non-Parasitaria.

The patient I present to you this evening and show his photograph taken previous to the treatment. He is a married man of 37 years of age with nothing of interest in his previous or family history. Six years ago he noticed a little pimple on the cheek near the ear. It remained a long time, and would bleed on shaving. A month or so later several pimples began to circle about this one, and the case was diagnosed by his physician as ringworm, and finally as it grew gradually worse and extended to the other side of the face, was diagnosed as barber's itch. After five months' treatment it seemed to disappear only to return almost immediately, and spread to the back of the neck as hard nodules. After six months' treatment the back of the neck cleared up but the cheeks remained the same. About a year ago he had a series of X-ray treatments, and was pronounced cured, but the pimples did not entirely disappear, and soon were as bad as ever, and his face has continued the same up to the present. The skin of both cheeks is dry, scaly, erythematous, and shows small pustules about each hair follicle, as you see in the photograph. A culture was made from the hair and yielded staphylococcus albeus and citreus, though this was not known till after several days later, the culture tube having been misplaced and left out of the incubator for a few days. The growth developed at room temperature. We injected 200 millions each of staphylococcus albeus and aureus three times with only slight improvement before we had the citreus. Then he received two injections of staphylococcus albeus and citreus a week to ten days apart, with very marked improvement, and January 19th his face looked quite smooth and entirely free from erythema or pustules. This case was assisted some by epilations. His weight has increased from 125 to 142 pounds in the two months that he has been under treatment. The latter weight was taken with a little heavier clothing on, however, so that does not represent all gain. His appetite is very fine, and he feels much more vigorous than he has for a long time. You will now notice that his face is perfectly free from pustules, and the skin is of a normal color.

IV. Large Flat Pustulo-Crustaceous and Pustular Ulcerative Syphiloderm

In a young girl 19 years of age. It involved the face and arms in large circular and serpiginous pustular, crusted ulcers with tendency to rupia, as you see from this photograph, taken when she first came to me Ocober 11, 1906. I prescribed a mixed treatment of potassium iodide and corrosive sublimate for her at first, but without making any impression on the case. Indeed the ulceration gradually extended until the large ones on the forehead united, while those on the nose and eyelids gradually extended their borders to the other side of the nose and lower border of the eyelids, respectively. You observe the lower right eyelid is about half ulcerated away. There is also a crusted ulcer on the back. She had gonorrhœa at twelve, and still has a vaginal discharge. She has a well developed case of ichthyosis in addition to her other troubles, the entire skin being involved in the scaling process. The arms I kept dressed with dry absorbent dressing.

October 27th we made a culture from the pus and got staphylococcus aureus in pure culture. The opsonic index was .7 against staphylcooccus aureus.

October 30th. The condition of the ulcers was unchanged. Still continuing the mixed treatment, I gave an injection of 200 millions of her own staphylococci.

November 3, 1906. The ulcers have been discharging more for the last three days, and have extended some on lip, the arms looking better.

Case IV.—Large, flat pustulo-ulcerative syphiloderm before treatment.

November 10th. Some of crusts on face have fallen off, leaving partly healed ulcers beneath. All the ulcers except the large ones on the forehead are looking better.

November 21st. Injections of 200 millions of her own staphylococci aureus were given on the 17th, and to-day. All ulcers are healing rapidly. Nose and cheek nearly all healed. The neck is nearly healed. Discontinued the mixed treatment to-day, she having had it now for nearly six weeks.

December 1, 1906. All ulcers are extending a little, though not nearly so much pus or crusting. Mercurius protoiodide, ¼ grain, three times a day.

December 14th. All ulcerations on face are still spreading some, but the suppurative condition is not so much. ℞. Potassii iodide, 45 grains a day.

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December 12th. All lesions improving rapidly for last four or five days.

January 24, 1907. Injections of 400 millions staphylococcus aureus on December 21st, 200 millions on January 12th, 200 millions on January 18th were given, and the case has rapidly improved until all ulcers are now healed except part of the large one on the forehead and small parts of the ones on the upper parts of the arms. The nostrils, which were ulcerated in the inside and filled with crusts, interfering much with breathing, have entirely cleared up. A test of the hemoglobin shows 100 per cent. She is increasing in weight, and has a splendid appetite, while the pallor of her cheeks and lips has changed to a rosy red. You now see her present condition. You see the skin of the arms has become very smooth, and there is apparently less scaliness on the rest of the body. She does not remember that there has ever been a marked change in the condition of her skin as there appears to be now. This may be only temporary, but because of the action of the vaccine clearing up the keratosis pilaris in the acne case I reported, and in one other case reported to me by Dr. Ohlmacher, the present improvement in the icthyosis is of considerable interest. You also note on her face, arms and back the reddened scars of the recent ulcerations. These conditions I do not believe would have been brought about through the administration of the potassium iodide alone, though she certainly improved more rapidly after giving the iodide alone without the mercury. But the improvement in the suppuration began immediately after the first injection, before the administration of the iodide alone.

V. Rosocea.

One case of rosacea involving the nose, chin, cheeks near the nose and forehead, of three years' standing, in a married lady aged 35 years, was cured after two injections of 200 millions of staphylococcus albus, which we secured from her own pustules, the first on December 3d and the second on December 13th. Characteristic reactions followed in the two days after injection, and improvement then set in at once. She had had considerable ovarian pain, and had undergone a curettage about a year before for its relief and the relief of the rosacea, but was unimproved. Her face if now free from pustules. Since the injections she says she has had no ovarian pain, her appetite has improved wonderfully, and she feel first-rate.

VI. Impetigo Contagiosa.

The case of impetigo contagiosa cleared up, but he had local treatment as well. We found staphylococcus aureus and streptococcus in the pus, and his index against streptococcus was 1.1, while against staphylococcus it was .55. We thought the general condition of staticus lymphaticus might in some way be connected with his low index against staphylococcus, and, as he was a poorly nourished child of seven years of age, with a previous history of scabies and impetigo contagiosa, we hoped to benefit him with staphylococcus injections. After two injections of staphylococcus aureus 200 millions (his own), we saw no reaction and but little change in the glands or general condition. The impetigo was treated with ammoniated mercury locally, and cleared up as usual under this treatment. Then we gave an injection of two millions streptococci, but there were no results from this apparent, and treatment was discontinued.

VII. Cancer.

One case of advanced cancer of the cheek and jaw, with a history of the growth beginning in the lip twelve years ago, removed by operation, returning in five years, later X-rayed, then operated again and rayed once more. At the time of beginning treatment his lower jaw was completely ulcerated away, the base of the tongue and throat was involved in a hard nodular growth, his tongue had been enormously swollen for nearly a year, so that

Case VII.—Cancer of face as it appeared one year before beginning treatment. At time of its injection ulceration extended on his left side half way to ear, the tongue, throat and right side of neck were much swollen and indurated. The tongue was many times normal size, and was grown fast to neck below the ulceration.

it protruded from what was left of the oral cavity, extended down on the neck and had become adherent there. For a couple of years he had been fed on liquids with a little soft food, but for the past year only liquids could be given through a tube placed in the mouth back of the palate. The photograph I show was taken more than a year and a half ago, and does not show how the growth had extended. Last summer he was given a thorough course of trypsin treatment, with the only effect of aggravating his troubles.

October 26th. We made a culture from the interior of the growth by introducing a sterile platinum wire through a little sinus. The culture developed streptococcus and staphylococcus pyocyan-

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eus, and his indices against both were low. Two injections, one of one million staphylococcus pyocyaneus mixed with a few (uncounted) streptococci, and a second dose double the first in size, resulted in a chill, fever much burning in tongue followed by a slight temporary decrease in size, but not sufficient improvement to warrant continuing. We were trying to get Doyen's micrococcus neoformans, and later succeeded, but having no experience with making indices with this germ, and not knowing much about the dose we proceeded cautiously, and on December 23, 1906, when the patient was so weak he scarcely left his bed, and his end did not seem far off, I gave an injection of about ten millions of Doyen's micrococcus neoformans.

December 25th. The patient's temperature rose to 103.5; pulse, 120. He complained of severe pains in the sides and across the bowels, and he ached all over. There is doubt as to whether this was a reaction or not, as he had had similar spells before. However, December 29th the swelling in the tongue disappeared entirely for the first time in exactly one year. He felt better in every way. His appetite was enormous. The usually hard, rolled smooth edges of the ulceration in the cheeks softened up, so that the borders looked more like those of a healthy sore. The discharge almost ceased, and the margins of the ulceration scabbed over as if about to heal.

December 30th I broke up the adhesions, binding the tongue to the neck, and immediately after the swelling returned as badly as ever.

January 3, 1907. The tongue was still swollen, and the borders of the ulceration looked hard and rolled again, while the discharge increased. Injected about two millions of neoformans (one-fifth the first dose). There was apparently no improvement following this dose.

January 10, 1907. Injected about five millions neoformans. No reaction followed this dose, but there was slight and gradual improvement. In about a week the swollen tongue was again about normal size.

January 27th. The tongue was still smaller. The tumor in the neck was somewhat smaller. The edges of the wound looked better. His general condition was perhaps slightly improved in that he was a little stronger. Not much appetite yet. Injected about fifteen millions micrococcus neoformans.

January 31st. His condition was reported about the same, but stronger. This case has demonstrated that there was some specific action of the vaccine on the growth and the general condition. I never saw anything of the kind after trypsin injections. He is still under treatment, and prognosis is bad.

VIII. Sarcoma.

The case of sarcoma, an inoperable one of the face, jaw and neck, of the enchondroma type, clinically, has shown no improvement after three injections of the micrococcus neoformans. But I believe the neoformans is only found in about 70 per cent. of cases of malignant growths, and it may not be present in sarcoma.

In conclusion, I think you will agree with me after hearing these reports and seeing the patients I have presented to you that the advent of Sir A. E. Wright's opsonic therapy marks a new era in medicine, because it gives us a better understanding of the pathology and etiology as well as of the treatment of disease. We are pleased to recognize in the system that old and familiar friend introduced to us by Hahnemann considerably more than a century ago. She is clothed in a more fashionable and a more scientific garb—the evolution of a century—but she is the same Similia, older, but only now reaching maturity, stronger and more beautiful than ever. [Read at Grace Hospital Clinical Society.]

Homoeopathics.

HOMŒOPATHY IN SPAIN.

BY DR. JOAN SOLE I PLA, BARCELONA, SPAIN.

The extension of the homœopathic doctrine in Spain has been extraordinary. It at once met with a hearty reception, at first in Madrid, by the Marquis de Nunez Rino y Hurtado, and Ariza, alike esteemed by his friends and respected by his opponents, if opponents there were. He was physician to the Princess Hospital, and named for this office by his allopathic confreres; next by the Catalan Joaquim Hisern professor of physiology in the faculty of medicine in that city, and by Prudencio Querol, who published the first translation of the Organon in 1840.

In Barcelona by Sanllehy, Ensign Caieta Criuxent, Jané, Ricarb, Grau-Ala and many others.

In Malaga by Pellicer, who recently died of old age.

From the seeds launched by these noted men until now, it has been growing slowly at first and rapidly since, until now almost all important centres have Homœopathic physicians. Thus there are in Belbao, Barbastro (Dr. Gomes), in Saragosa, Gerona Vilanova, six in Murcia, in Alicante, in Oriola, in Cordoba, Sevilla, several in Valencia, Alcoy and Turtosa. In Madrid alone there are fifty, having succeeded in this last city in building with, royal permission, a hospital called Hospital of San José. Here there are two important societies having published two reviews of merited fame.

In the Hospital of San José they continue to give lectures on the homœopathic medical doctrine, by Dr. Garcia Lopez; therapeutics and materia medica, by Dr. Villafranca, and pathology and clinics, by Dr. Alvares y Gonzales. To-day the hospital leads a precarious existence, due to the death of its founders and professors, to the lack of official support withdrawn by the sanitary board composed of allopaths, and above all, to the inexplicable inertia of the fifty or more physicians who have no official standing whatever.

In Spain the life has passed from the centre to the periphery, from Madrid to Barcelona, in this city, and in all Catalonia where there has been great growth in industries and fine arts is where

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homœopathic medicine has sustained its defense, and from where light has radiated to the furtherest Iberian confines; all of its adherents have come from the official school of medicine, a brilliant faculty, the most renowned in Spain. All with a face to the future follow the footsteps of Michael Servetus and Arnamade Vilanova, the celebrated Catalonian reformers.

Barcelona, the brain and mind of Catalonia, and perhaps the to-morrow of Spain, population of some 700,000 inhabitants, counts alone sixty-two homœopathic physicians, five free public dispensaries, sustained by the board of charity or by the same physicians and various small donations.

The "Desert of Sarria" (homœopathic institute), that was formerly a great forest in the Middle Ages, is the park of a villa situated in the mountains near Barcelona. In 1882 Don Jose Sert founded an asylum for invalid workmen, with spacious and airy dormitories, with patriarchal customs, walks and thick woods. Its director, Dr. Joseph Ricart, has established a homœopathic dispensary where repair to consult and receive medicines free, the poor of the environs of the neighboring city of Sarria, and of the suburbs of Pedralbay. The assistant physician is Dr. Jaume Peiro.

The hospital of the "Nino Dios" was established March 20, 1892, in charge of a society of ladies, among the most distinguished of the Catalonian capital. Here homœopathic treatment has been followed since 1901 under the direction of the well known Doctor Don José Giro y Savall. This hospital, an isolated edifice of three stories, the two lower being destined for wards, a small pavilion for infectious diseases, and a large garden for the convalescents. It is located in the small city of the Francescans, has fifty beds for children and women, located in various wards, and large rooms to receive the sick which visit the polyclinic in extraordinary large numbers. The consultation and medicine is absolutely gratuitous. The medical board is formed as follows:

Medical Director, Dr. Giro y Savall, who spends also much time looking after service of the clinics and dispensary.

House Physician, Dr. Joseph Galardi Boier, justly renowned for the clinical skill he has won, his writings, which are thoughtful, are eagerly read by Homœopaths, dedicates all his energies to the sick poor in the hospital, having the largest cliinc. Chief of the service. Dr. Ramon Rais and Doctors Don Juli Planas, Don J. Puiz; Deulsfen, Don Thomas Homedes.

Specialists, Diseases of the Eyes, Dr. Joan Barrell, and diseases of the nose, throat and ears, Dr. Joan Solé i Pia. Surgery, Dr. S. Gallard and Dr. Sole i Pla, pharmacy in charge of Dr. Antoni Novellas. Dentist, Cirach.

This hospital is sustained by annual contributions of the deputation and corporations (the governor of the city and region) for charity, being particular friends of Homœopathy.

The statistics of the third trimester of 1906 are as follows:

Patients in hospital, twenty-three, with two moribunds with tuberculosis of lungs.

Children in hospital, 121, with two moribunds with cerebral disease and tuberculosis of lungs.

Dispensary:

General visits	2,579
Ophthalmological	548
Otological	763
Pædiatrics	977
Mouth diseases	229
Electric treatments	527
Surgical cases	297

This hospital is small for Barcelona, but unfortunately in our city there are none of philanthropic tendency. Our rich do not have time to think of their poor brothers. Let us hope that the secure moral advancement will bring us something artistic and scientific.

The public dispensary in the maritime quarters of Barcelona, suburb of 30,000 inhabitants, in charge of the Sisters of Saint Vincent de Paul, whose superior, Sister Rosari, is so noted for her love for the destitute. Director Dr. S. Giroi Savall and also physicians of the Hospital Nino Dios. This last trimester there have been treated, counting general and special consultations, 1,586 patients.

The Maritime Sanatorium of San José. This month there has been established on the beach of Barcelona a modest sanatorium for twenty scrofulous children to be treated homœopathically with auxillaries of sea air and sun. Its foundation is due to the indefatigable zeal of Dr. Giro and to the disinterestedness of a few adherents to the homœopathic doctrine.

There is a public free dispensary of the Homœopathic Academy; a free ear dispensary, Dr. Sole i Pla; the free dispensary of Dr. Montanya, and the free dispensary of Dr. Peiro.

There are four pharmacies, the principal being those of Dr. Novellas, Sabater (Dr. Valles) y Gort.

For a few years there has developed the inclination to the study of specialities, the first of whom to enter this field was Dr. Sole i Pla, who devoted himself to otology, following the road pursued by the master, Dr. Ariza. Drs. Barelli y Balarv is oculist, Dr. Piqué is gynæcologist, and the well known Dr. Cahis devotes his attention to radiotherapy, radium, etc., with the latest apparatus.

The Homœopaths of Barcelona have two scientific societies.

The Homœopathic Academy numbers fourteen years of existence, in it which was formerly the only one to keep the sacred fires burning is kept alive the traditional part of the Hahnemann doctrine. The president is Dr. Corta, who still follows the philosophic part of the Hahnemannian doctrine.

The Homœopathic Institute of Barcelona is a young society with only four years of active life. To it belong the larger part of the homœopathic physicians of Barcelona. It holds its sessions weekly in the rooms of the large society for the encouragement of national work. Its first scientific president was Doctor Josef Noque i Roca, one of the most illustrious physicians of the city. At present the society is directed by Doctors Grifols and Raiz.

"Friends of Homœopathy," Arnam de Villanova.

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A new association formed by the physicians of the hospital and public dispensaries, created expressly to give public conferences and to publish propagandistic works, and placed under the name of Arnam de Villanova, a celebrated physician of the thirteenth century. Its honorary chief is the director of the homœopathic hospital of the Nino Dios, its president is Doctor Novellas, and its secretary is Dr. Puiz. All the works, conferences and publications are issued in the Catalan language, one of the most beautiful of Southern Europe.

All three homœopathic societies are morally united and perfectly harmonious whenever the homœopathic or positive method is in question.

Periodicals. The Revista Homœopatica de Barcelona, now in its sixteenth year, is the official organ of the Academy. The Revista Homœopatica Catalana numbers five years of publication, is the organ of the Institute. The Boletin of the Hospital Nino Dios has appeared for one year only, has good editors and issues some two thousand copies, and is distributed gratuitously. There are some other reviews published, as "La Medicina Pura," which dedicates some of its articles to the defense of Homœopathy.

There have been and are being published translations of the best homœopathic works of Hughes, Clarke, Quay, Allen and Norton, Ruddock, Hart, Jousset, Jahr and the original publications of Cruixent, Sanllehy, Noque, Furest, Olive, Sole i Pla, Giro, Pinart, Abren and many others. Finally all the foreign press is read in Catalonia, more in Barcelona, in which Homœopathy has met its best defense, and in which it has made itself completely respected by the official allopathic physicians.

Barcelona, November, 1906.

[Translated by W. A. D.]

Addresses.

INTRODUCTORY ADDRESS.

BY E. STILLMAN BAILEY, M. D., CHICAGO, ILL.

[Read before the Southern Homœopathic Medical Association.]

The twenty-third annual session of the Southern Homœopathic Medical Association opens to-day with these few words of greeting extended to the members and their friends. Since geographical boundaries have been obliterated, and the North is North only because of its winter's cold, and the South has the advantage of milder skies and brighter sunshine, it seems entirely unnecessary for me to apologize for my occupancy of the president's chair during this session. This charming spot, the central city of the Middle West, is accessible to all the members from the southern cities and States, and it is also the place where those who come from the colder climes find great delight. It happened last year that I, as a delegate, having attended fifteen of the twenty-three meetings of the Association, was chosen to preside this year. This is how it came about. I appreciate the honor thus conferred upon me, and in this city and State where the ladies are reigning belles, wherever they may be, in the land famous as the home of Daniel Boone and the only mint julep, and where the first consideration of the citizen is the thoroughbred horse, and where the glorious colonel with the seductive voice and courtly manners bids you welcome, where the courtesies are apparent at every turning and hospitality is so abounding that in spite of other places with their heart-string attachments, once having been here, each returning visit makes one feel as if it were home and so I having been thus feasted so many times dare to stand here to-day and extend the southern hospitalities to all comers.

THE INALIENABLE RIGHT TO LIFE.

Having had so long a time for preparation I have a short address, and I ask you to pause and consider in your leisure moments some of the few things I bring before you.

When the Colonists had decided that it was necessary to assert their independence, and the committee of the Colonists presented the Declaration of Independence on that memorable Fourth of July, having incorporated the thrilling sentences' "We hold these truths to be self-evident, that all are created equal; that they are endowed by their Creator with inalienable rights, among these are life, liberty and the pursuit of happiness," you all know the rest of the story. The life of an American citizen is protected the world over save in his own home. The United States Government has grown to be great since the Declaration of Independence. Our civilization almost seems staggered by its own creations —greater and greater things must it do because of the necessity that compels it. In this material age it is almost impossible to understand the process unless coupled with material facts, not that I place a money value upon human life, but life itself becomes greater because of the contrasts that we are so accustomed to use.

Before launching out into the sea of figures that I have selected, permit me to say that my authorities are for the most part the statistics gathered by the professors in the department of Political Economy of Yale College, and hence are not the direct product of the medical profession. So I shall escape from any possible form of prejudice.*

The facts are cold and bare. Of the eighty million persons, one million five hundred thousand persons must die in the United States during the next twelve months.

Four million two hundred thousand persons will be constantly sick.

Five million homes, consisting of twenty-five million people, will be made more or less wretched by mortality and morbidity.

Of the people living to-day, over eight million will die of tuberculosis.

Eight millions will perish of pneumonia.

*Address of Dr. J. Pease Wiston, Ph. D., Advancement of Sciences, Ithaca, N. Y.

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Over six millions of persons will succumb to diseases of the heart and kidneys.

At least two millions will perish of fevers, provided no epidemic doubles the numbers.

According to the present ratios, during the next ten years' period six million infants under two years of age will end their little spans of life, while mothers sit by and watch in utter helplessness. This fact alone would make us pause and think, and think hard, for one-half of this frightful mortality is race homicide. Preventable diseases and accidents are responsible for one-half of these deaths, or three millions of children could live were their inalienable rights given them during helpless infancy.

Seven million dollars are expended on plant health and plant life by the Department of Agriculture at Washington each year, but Congress does not directly appropriate one cent to promote the physical well-being of infants. Race suicide versus race homicide, which shall it be?

Of the eighty million people living to-day, all must die—after having lived, say, a little more than three billion, two hundred million years of life—on the average, slightly more than two score years. Of these years, one billion six hundred million represents the unproductive years of childhood and training. The average, therefore, for each individual we see is about forty years. The average productive years are twenty. If by preventive means and measures the life-span of the population can be increased from forty to forty-five years, the productive age receiving a vast increase, the economic gain of such a change would be at once apparent, a gain of twenty-five to fifty dollars earned per head, would amount to eight hundred million dollars per annum. Higgins has estimated that in the United States six hundred millions of dollars are yearly spent on criminality. Assuming, or rather knowing, that criminality is largely the product of social environment, overcrowding, excesses, alcoholism, perversion and degeneracy, conditions that are known to yield a certain per cent. of cures under favorable circumstances and right treatment, if the crimes be lessened sixteen and two-thirds per cent., the economic value would result in a saving of one hundred million dollars per annum. Newholnis figured that the average illness per annum for each of the eighty million people amounted to nine days. Approximately two million years of life are thus lost per annum. Estimating wages as one dollar per day and all other expenses one dollar per day, one billion four hundred and forty-four million dollars loss per annum is registered by this item alone, could the days of illness be cut down one-third, five hundred million dollars would be saved. If one single day of illness could be saved in each productive year, more than a hundred million dollars would be saved per annum.

The lessening of one day's illness per annum for each person creates a gaining of money or economic values of one hundred million dollars.

Lessening pauperism and crime sixteen per cent. per annum, saves a hundred million dollars.

Adding but a half of a year to human life per capita would represent an economic value of about a hundred million dollars.

I have referred to these three items, because of their each approximately saving one hundred million dollars each year.

In the maintenance of the government per year, Congress appropriates in round figures seven hundred and twenty-five million dollars. For items that interest us just now, the Marine Hospital service and public health, receive one million, three hundred thousand dollars; the life saving service, two million dollars; immigration, vital statistics, child labor and some few other objects included in a most general way, foot up seven million dollars.

Evidently there is none of the Government's money wasted in any attempt to lessen a day's illness per capita, removing even a small per cent. of the cause that creates and perpetuates crime, or that adds even a twelve hours of productive living per capita, and yet it is perfectly easy to demonstarte that if effective measures were taken by our Government in any one of the three forms of action as above, the remuneration would be a reward of a hundred million dollars.

Thousands of dollars have been expended in stamping out cholera among swine; hundreds of thousands of dollars are consumed in saving elm trees from the attacks of beetles, and in exterminating parasitic growths that prey on fruit trees. No one objects to these expenditures, but the people of the whole world are the prey to pneumonia, and our Government has never appropriated one penny to investigate or help to find a way to save the lives of eight million of its people.

That tuberculosis is preventable and curable is being demonstated over and over again, and yet each year a million of persons are denied their inalienable right to life by parental provision of such help as to lead to a way out, a destruction of the causes that destroy one million of persons now living.

The work of the various State boards of health has accomplished about all that has been done by way of life saving along preventive lines. Oftentimes, too, under great disadvantage, but if it be difficult for elective boards to fathom the depths, provide the means and secure the minds to direct the aggressive warfare of the prevention of diseases, how perfectly reasonable it seems that the care of the individual should revert back once more to the Government where his inalienable right to life was vouchsafed.

In my home town the records of one decade, from 1896 to 1906, the mortality from typhoid fever has been reduced (1905) 45.5 per cent.

In Greater New York, one line of experiments on infant feeding resulted in reducing infant mortality of 41 per cent. in 1895-'97, to 16.50 per cent. in 1904.

The Japanese army taught the lesson of the prevention of diseases to the whole world by lowering the deaths in camp life to a less number than were killed in battle, the results of war that were never equalled in the world's history.

Note the stamping out of epidemics, yellow fever, cerebro-spinal meningitis, small-pox, cholera, typhoid, witness the struggle at Panama to eradicate tropical diseases, see how leprosy, diphtheria, ma-

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larial and scarlet fevers and typhus fever are being banished. A hundred others could be mentioned; not a book, magazine or paper is written that does not hint at the sacredness of life.

The keynote of our meeting—discussing Southern fevers—is prevention. The keynote of all modern medicine is prevention of disease. Not a State, territory or island but is active in trying to stamp out its own epidemic and lessen disease and suffering. If a storm center is discovered, the Government sends its signals out in every direction. This note of warning is sounded afar. If diseased cattle are offered for market, a crime has been committed. A pure food law has, after fourteen years of effort, been adopted; this law seems to be more concerned in protecting the industries than in guaranteeing the health of the consumer, yet it will be a mighty power for good. A national quarantine law is a grand bulwark of protection against disease.

The logic that justifies an annual appropriation of two million dollars for a life saving service against the accidents of the sea, should justify protection against accident and disease inland. Could our Government but extend its beneficence, not in a grudging manner, but royally rallying to the aid of the sick and the ignorant, the inalienable right of life would lead to the other inalienable right, the pursuit of happiness in a marvellous manner.

Along these same lines of thought Sir James Brown, of London, October 6, 1906, presented some startling statistics regarding the waste of human life by deaths from preventable diseases, and predicted that in England in another forty or fifty years, by machinery already set in motion, mortality from preventable disease would have disappeared.

In our own country one third of the mortality might be properly called lives thrown away, the debt of nature is overpaid by five hundred thousand lives annually. By facts that are demonstrable intelligent sanitation, prevention in immigration, germ destruction, and a ceaseless research work and diffusion of useful knowledge would bring about an astonishing change in mortality and morbidity. Could the machinery in our government be but set in motion looking to the physical well-being of its citizen and instead of only seven millions of dollars out of an appropriation of over seven hundred million, say enough so that criminality be lessened as already suggested.

To take one day off from the economic burden of sickness.

To decrease the burden of death on the productive years by increasing the age of death one year.

To increase the life span from forty to forty-five years, and the beginning of the solution of the problem to cause preventable deaths to disappear entirely would be well advanced. The economic values of such saving of life and suffering could be estimated to be from one billion eight hundred million to four billion dollars per annum—perfectly stupendous figures and results almost incomprehensible—and not one person present here but would join with me in saying that such saving of life and such freedom from sickness is certainly a possibility.

Therapeutics,

INDICATIONS OF THE COMMON REMEDIES IN HEMICRANIA.

BY A. E. HINSDALE, M. D., ANN ARBOR, MICH.

Iris versicolor.

This is one of our chief remedies in sick headache. The attack begins in the right side, and is preceded by a blur before the eyes. Nausea and vomiting are very prominent symptoms of the drug in this affection. The remedy relieves not only the vomiting but the pain itself. Dr. Bigler (North American Journal of Homœopathy, February, 1875) states that "Iris never fails to cure a case of sick headache when preceded by a blur before the eyes." It is the gastro-hepatic variety of the disease to which Iris is most applicable. Iris is especially suitable to that form of headache which is periodical in its appearance—the so-called "Sunday sick headache." A sour and bitter vomiting ensues at the height of the attack. The drug is suitable to the headaches of students, college professors and teachers.

Sanguinaria.

Farrington praises this remedy in sick headache, and when indicated it is almost specific. Its characteristics are: Rush of blood to the head, fainting and decided nausea, vomiting and the settling of the pains over the right eye. Sounds and odors cannot be tolerated by the patient. If the headache be very severe the patient may become delirious for a time. Light also can scarcely be tolerated. The attack often ends with a profuse flow of urine. This picture is what is commonly known as the "American sick headache."

Melilotus.

This drug is similar to Glonoin, although the pains are not so intense. A most violent cerebral congestion is produced, driving the patient frantic. There is a sensation as if the brain would burst through the head. With the headache there may be nosebleed, which gives the patient much relief. Cowperthwaite considers this drug invaluable in sick headache. Occasionally one meets with a nervous headache, occurring every week, or once in four weeks, which is greatly benefited by this drug. The headache is relieved by the passage of profuse watery urine.

Bryonia.

This drug has "Headache on first awaking in the morning, gradually increasing until evening" (Raue), also pain as though the forehead would burst, worse from motion. There is a thick coating on the tongue, and a violent thirst. The patient is very irritable and cross. With Bryonia the pain begins in the occiput, and any motion of the eyeballs increases it. "The scalp is very tender to touch" (King). Headaches from exposure to heat of fires or from warm weather setting in after cold days are cured by this drug.

Ignatia.

This is another great sick headache remedy. It has the sensation as if a nail were driven through the head (clavis hystericus), better when lying on it, These headaches are due to mental work, emotional phenomena, strong odors, etc. The attack ends with vomiting. A headache recurring every two days is a good Ignatia symptom. "Sometimes the Ignatia headache is of a throbbing character, worse in the eyes, and about the eyebrows and the root of the nose; better for a time by change of position" (Farrington). This form of headache is worse from talking and from drinking coffee. "Worse from tobacco smoke" should always make us think of Ignatia. A flow of profuse, limpid urine ends the attack and brings relief.

Nux vomica.

This drug is indicated in a lancinating and pressing hemicrania, commencing at an early hour, gradually increasing in intensity until the patient is nearly driven frantic. The face may be congested, but it is more often pale. This headache is worse in the morning from the open air, light, noise, coffee and eating. "Sick headache due to wine, coffee, close mental application and sedentary habits; commences in the morning. increases through the day and grows milder in the evening." Bitter taste in the mouth and coated tongue are good symptoms. "Head feels badly and aches all over" is the way this headache is often described. This headache is associated with vomiting of food and sour matter, the chief feature of the vomiting being the violent retching.

Selenium.

This is the best homœopathic antidote for the bad effects of tea drinking. There is a nervous headache over the left eye, worse from the heat of the sun, strong odors, and the headache is periodical, recurring every afternoon. The headaches of drunkards are met by this remedy. Every draught of air causes pain in the head. If the patient has laryngeal or pulmonary troubles this remedy is all the more indicated.

Coffea.

Hughes gives us the best indications for the use of this remedy in migraine. The headache comes on in the morning and increases little by little. The pain is unbearable, and the head is very sensitive to touch or pressure. Photophobia is marked, and the least noise or motion excites pain. Hands and feet are very cold. Sickness at the stomach causes loathing for food and drink. If vomiting ensues it does not relieve the attack. As a rule, the pains cease toward evening. It is absolutely essential that in prescribing this drug to coffee drinkers that the habit be stopped or little or no results will follow.

Sepia.

German writers attach great value to Sepia in headaches with the following indications: Very severe pains, rending in character, and worse from any excitement. The "sudor hystericus," a peculiar odorless perspiration in the axilla and soles of the feet, is an unerring guide to the choice of this remedy, according to Hughes. Darting pains over the left eye and over back of head to occiput is characteristic of Sepia. Great falling out of hair is observed in chronic cases.

Theridion.

This is often indicated but seldom prescribed. Vertigo, nausea and vomiting and headache preceded by a flickering before the eyes are chief symptoms. Violent frontal headache with throbbing, worse on rising after lying down, light and noise. Long lasting cases of sick headache have been cured, and it seems well adapted to true migraine.

Epiphegus.

A most excellent remedy and one that is seldom used. Most practitioners seem to be entirely ignorant of its virtues. It has never had a thorough proving, but the following are a few of its symptoms on which it is to be prescribed: And sudden departure from the ordinary trend of her ways, headaches coming on after excitement. A woman goes shopping and returns with a violent headache with nausea, pressing pain in the temples with yellow tongue. A few doses of Epiphegus (30x) will soon correct the disturbance. Is also a good remedy for headaches resulting from eyestrain, and is more frequently indicated in women than in men. It acts best in the higher potencies, and seems to be especially suitable to chronic cases.

Onosmodium.

This remedy is similar to the foregoing in that it is seldom used. It is a remedy for headaches resulting from eyestrain and sexual excesses. The head is confused, dull, heavy and dizzy. Pain extends from occiput to the frontal region. Pains in the left side of the head and over the left side, which is always worse lying down.

Paris quadrifolia.

Soreness of the parietal region, can not touch the hair. Seems as if scalp was contracted and bones scraped, weight in occiput. Sensation as if there was a string pulling the eyes back into the occiput. Suitable to hysterical cases.

Juglans cinerea.

Suitable to headaches associated with hepatic derangements. It has a sharp occipital headache associated with jaundice or any liver trouble. The head feels dull and full. In one case the patient complains of a most violent pruritus capitis in addition to the headache. Had to continually scratch the head, especially at night. Ten drops of the tincture of Juglans were added to four ounces of water, and the patient directed to rub four teaspoons of this mixture on her head twice daily. At the same time the drug was administered internally in the tincture. After two days both the headache and the itching of the scalp disappeared.

Dr. B. Kranz has taken charge of the homœopathic sanatorium at Davos, Switzerland. This institution is one of the most important in Europe and deserves the support of homœopathic physicians of all countries.

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THE STOMACH, A FEW REMEDIES.

ARRANGED BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

Anacardium.

Lunch fiends are often developed from children who have been permitted to eat piece-meal at any time the notion took them. One who patronizes the lunch counter several times a day usually has perverted digestion with the symptoms: food relieves distress which comes in the stomach so soon as it becomes empty; or, in other words, as soon as the intestines have received the burden of the last meal the patient is hungry. This sensation is a leader in Anacardium. There is likely to be constipation with urging but the desire vanishes with the unsuccessful effort, unlike Nux. A sensation of a foreign substance or a plug interfering with the normal function of the rectum is also a peculiar symptom.

A good many Anacardium symptoms such as the "plug" sensation in various parts of the body, in the ears, umbilicus, rectum, etc., are suggestive of neuroses. The Anacardium neurotic has apprehension as if some one were pursuing him, or, more likely, pursuing her. Often there is a feeling of a band about some part of the body. It is said that the Anacardium dyspeptic is subject to fits of explosive profanity, depression from brain-fag and has contrary mental inclinations at the same time; now he will, now he won't.

The two very suggestive Anarcardium symptoms are: Hungry much of the time, feels better while eating, worse afterwards, must eat again; and, Sensations of plugs projecting into the rectum and umbilicus.

Abies nigra.

Gastric derangements with sensation of an undigested mass in the cardiac extremity of the stomach which is described as "a sensation of a hard-boiled egg." Why a hard-boiled egg should have a different sensation, if it could be placed in the stomach (whole?), from any other ovoid substance about 1½ by 2½ inches the prover did not state. There is no doubt about the sensation of an egg-sized (hen's egg?) lump at the junction of the œsophagus and cardia. This "lump" should be distinguished from the large heavy mass of Bryonia described "as from a stone in the stomach;" from the sensation of an egg lodged behind the sternum in the œsophagus and the globus hystericus of Asafœtida. Abies Nigra has lack of appetite in the morning but the patient is hungry for dinner and supper. Bowels constipated.

Antimonium crudum.

Eructations taste of food that has been eaten. Appetite gone; night thirst; ill effects of good dinner. Mucous membrane loaded with mucus, producing slow digestion, fermentation, nausea. At periods of aggravation, slight amount of food excites not only nausea but vomiting. This last symptom is especially important in children. Constipation alternates with diarrhœa; the diarrhœa, or mucous flux, is mostly gastrogenic. Pimples, acne and other eruptions associated may be with the gastric disturbances. Diarrhœa induced by sour drinks, over-heating, cold bathing. A foul tongue with taste fit to accompany is a characeristic.

Asafœtida.

Indicated particularly in hysterical subjects with gaseous distention of stomach and tympanitis of abdomen. Much gas escapes via œsophagus and little per rectum. The subjective symptom of reverse peristalsis in the stomach with globus hystericus is characteristic. There is apt to be a spasmodic "pumping" in the œsophagus. The eructations are oleaceous in taste. There is subjective throbbing (palpitation) in the stomach. Intestinal pains are irregular, cutting, pressing, due to hysterical colic. The remedy should be compared with Moschus, which is often indicated in hysterical subjects. Fainting with a greatly distended abdomen and flatulence, is a common symptom.

Argentum nitricum.

Copious eructations. Stomach seems as if it would burst. Great desire to belch which is not done easily. Apt to be a pain-point between xyphoid and umbilicus with pains radiating in different directions. The flatulence of Argentum Nitricum is due to Lactic Acid formation; that of Carbo Veg., to decomposition of contents of stomach.

The patient is apt to have a great desire for sweets which contribute to the fermentation and increase the flatulence. The pains are relieved by tight belt or bending double—Colocynth. There may be vomiting of glairy, stringy mucus and after long effort large amount of flatus comes. In neurotic patients there is a restlessness similar to Arsenicum, only with Arsenicum the restlessness is due to irritability of fibre; with Argen. N., more to nervousness. The neurotic patient is apt to have pseudo-dyspnœa with spasms of chest muscles. Sensation of suffocation if a handkerchief approaches the mouth. Gastric crisis.

Arsenicum album.

The whole condition as one of irritation. If the patient bears his discomfort uncomplainingly or without seeming irritable, it is not the remedy. Burning is one of the leading symptoms, but Arsenicum can not be prescribed with confidence upon burning alone. A hundred other remedies have the same sensation. The burnings of Arsenicum must be associated with nervous restlessness, anxiety, apprehension of death, sleep accompanied by twitchings and never so profound as to subdue irritation or similar manifestation of the sub-consciousness.

With the burning, which is sometimes like a coal of fire, thirst is almost constant, but the amount drank at a time is but a sip. Everything irritates. Water so soon as it enters the stomach irritates, which accounts for the symptom "drinks but little at a time."

There is a weak sinking sensation in the stomach made better by eating a bite, but food no sooner enters the stomach than the pain is worse. Vomiting is sometimes induced. Taking food may compel the patient to go to stool with diarrhœa—Cinchona, Ferrum. The burning may be constant or periodical. It is a remedy for periodicity. The pe-

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riod of aggravation is an hour or two after midnight.

There is a weight in the epigastrium as of a stone. The "stone" is not like Bryonia, a mass of undigested food; because in Arsenicum the stomach is empty and the sensation is purely subjective without the presence of a mass of food.

With the gastritis of Arsenicum there are likely to be aphthæ. The tongue is "white washed" or pasted. Painful diarrhœa is almost always present; the stool is undigested, slimy, bloody; tenesmus is violent with burning in the rectum. These symptoms of diarrhœa are sometimes typical in typhoid fever.

The general tendency of Arsenicum patients is away from spontaneous recovery. In acute gastritis the conditions may be induced by cold food and drinks, alcoholics, spoiled meat, rancid butter and other bad fats, tobacco, etc.

Bryonia alba.

Dryness of mucous membranes, consequently there is apt to be, in purely gastric affections, constipation. The stool under such circumstances is usually too large, is expelled with difficulty and pain, having the appearance of being burnt. Opium, as well as several other drugs, has dryness of mucous membranes. The Opium stool is too small. "It is useful in constipation of children and corpulent women when the stool is composed of round, hard, black balls, the stool protrudes and recedes"—Blackwood. With Bryonia the mouth is dry, tongue whitish or dark yellowish brown. Thirst is wanting or at long intervals considerable water is taken at a time. Food seems to lie undigested in the stomach for a long time producing a sensation of a weighty mass; "like a stone," the symptom is reported. Hepatic involvement is usually associated with the gastro-intestinal disturbances producing a slight yellowness of the skin. If there be considerable intestinal irritation, there will be an offensive, pasty, "bilious" stool, instead of the dry stool described above. This intestinal catarrh is made worse by excessive heat, exposure to the sun, moving about. The Bryonia patient is always made worse by exercising, feels better by lying down and remaining inactive. Has a preference for a cool room, cool weather, cool foods, cool water.

Suggestive characteristics: Stone-like weight in stomach.

Dryness of mucous and synovial membranes.

Constipation with too large, dark-colored stool.

Slight yellowness of skin.

Infrequent thirst, but large quantity taken at a time when thirsty.

Better by keeping still, lying down, in a cool place.

Coated tongue, whitish or yellowish-brown.

Bi-Carbonate of Soda.

In cases of temporary "sour stomach," either in water or by lavage this "anti-acid" is allowable and sometimes useful as a household remedy. Thomas (eclectic) says: "Doses of Sodium Bi-Carbonate one or two hours after each meal, will prove useful in neutralizing the excessive acidity." The action of this soda has been supposed to act purely as a chemical neutralizer, although it is now claimed to have dynamic effects. There do not seem to be many clear Homœopathic indications worked out, so far, for Natrum Bicarbonatum; however, Natrum Carbonicum has been proven and has some clear indications.

China.

Satisfied from small amount of food. Flatulence not relieved by eructations is a leading symptom. Desire for acids and fruits which, if taken, increase the fermentation. Heaviness in stomach. Milk does not agree. Worse, weak and drowsy after meals. Distress at night attributed to "indigestion." Stomach seems not to empty itself in the normal time. Hysterical "swelling" of œsophagus.

Graphites.

In many respects Graphites is similar to Nux Vomica. In gastric irritation Jousset suggests giving Nux an hour before and Graphites an hour after meals, a method that would appeal to any one addicted to alteration. Pulsatilla and Graphites have some similarity also. Both have disgust for meat, bitter and sour regurgitations, ptyalism. The Graphites patient is inclined to flabbiness and obesity; likely has some skin eruption and shivers complaining of being cold. In cases of the fat-flabby type it is undoubtedly one of our best remedies for gastro-intestinal disorders. "It should be studied in chronic gastric and intestinal fermentation when the stomach is greatly distended with gas, of a putrid and rancid nature. There are cramping pains in the stomach relieved by eating, although the food, especially meats and sweets disagree and nauseate the patient."—Blackwood.

Hydrastis canadensis.

Excessive production of mucus in catarrhal conditions of both stomach and bowels. It is of special use in hepatic and duodenal catarrh. There is sinking, soreness and burning at the epigastrium. A "goneness" or fainting feeling at the stomach is another characteristic. "Gastric palpitation" is a frequent subjectivity. Appetite is usually wanting. Vomiting is not infrequent. The material vomited has quite a significant appearance; it is stringy and mucus in consistency and substance. Constipation is the rule. The stool is covered or glazed with a film of mucus. The mucus is sometimes mixed through the stool. The tongue is flat, flabby, yellowish. If the catarrhal inflammation of the intestines be excessive, a mucus not-formed passage will occur. In ulceration of both the stomach and intestines whether simple or malignant, with the characteristic vomiting and tongue, which is coated yellow down the centre with clean tip and sides, it is the remedy.

Ipecac.

More likely to be indicated in acute cases of gastric and intestinal irritation. The symptoms are induced by indiscretion in eating; following foods too rich in fat or sweets; pastry green apples, etc. Unless nausea is pronounced, Ipecac will probably not be indicated. The tongue is usually clean, which is characteristic. The vomited material is bitter mucus or material that looks like bile mixed with

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mucus. The mouth and tongue have a sensation of dryness when in fact they are probably moist. "Morning sickness" with these symptoms calls for Ipecac. The stomach feels to the patient as if bagging down which is a kind of false or subjective enteroptosis. The abdominal pains are colicy radiating from the umbilicus. The stool is diarrhœic, green and induced by causes given above or by chilling the stomach with ice water or other iced substances. There is light-headedness upon rising.

Characteristic symptoms: Constant nausea not relieved by evacuating the stomach.

Clean or slightly furred tongue when the accompanying symptoms would ordinarily lead one to expect to see it heavily coated.

Sensation of bagging down in the abdomen.

Pains radiating from umbilicus.

Conditions usually brought on by eating, confections, green fruit, too rich food, etc.

Compare with Pulsatilla for last symptom.

Iris versicolor.

Burning and dryness in epigastrium, œsophagus and mouth. Sour vomiting with diminution of hydrochloric acid. Pyrosis of sour tasting eructations. "Sick headache" with pain commencing over one eye. The skin, eyes and mucous membrane show bile staining. It is one of the great remedies for hebdominal headache occurring upon the Sabbath in students, teachers and other "brain workers." Unless there be nausea, sour taste, headache, or what is usually described as migraine, further search better be made for the remedy. Iris is said to have marked effect upon the pancreas and its secretions. If so, it may be of use in distrypsia as well as in dyspepsia.

Kali bichromicum.

Burning similar to Arsenicum. The heat extends from "pit of the stomach" to the throat. The vomitus is characteristic and upon its appearance the remedy is mostly prescribed. It is glary, ropy mucus. While the burning is somewhat Arsenicum —like the vomiting resembles Hydrastis. Patients want sour drinks. If he is a drinker, he wants beer, of which he has probably had too much and of which he had better not have any more—at present. It is quite a good remedy for beer-drinkers' indigestion.

The tongue is coated rough with unnatural redness under the coating.

The gastric irritation is apt to alternate with rheumatoid pains.

Hughes considers Kali bichromicum the chief remedy in round ulcers.

Lycopodium.

Undoubtedly has valuable properties but must be selected with special discrimination as it has so many symptoms prominent with other drugs. There is excessive accumulation of flatulence so common in cases of fermentive dyspepsia. There are rumbling, burning, eructations, waterbrash. The tongue is coated, especially in the morning, at which time there is sour, putrid taste. The appetite is easily satisfied because a little food fills up owing to gas arising from quick fermentation. After gas pressure is relieved by eructation, hunger returns.

Compared with Nux Vomica, which it closely resembles, it is observed: Both have distress following eating; Lycopodium, at once, Nux Vomica, after an hour or two. Both have sour taste and aggravation in the morning. Nux feels better for a while after breakfast, Lycopodium is immediately worse and flatulent after eating. Both are full of gas, but Lycopodium gas tends to escape by belching; with Nux, the gas seems more in the bowels and follows the direction of peristalsis. Both have constipation, Nux with urging that is apt to be unsuccessful owing to the interrupted, fitful peristalsis; Lycopodium has a tight, pinched-up sphincter which squeezes out a hæmorrhoid that is very sensitive and apt to bleed.

With Lycopodium the patient may be sleepy after eating, alleged by some to be due to "torpid liver," but quite likely, as Ewald points out, to presence of peptone in the portal blood. The mind is depressed, as one would expect in a person presenting the symptoms given.

Nux vomica.

The advice of the father to his son: "When you do not know what to do, do nothing until you find out," is sometimes good advice for the physician to follow. Unfortunately, however, a large number have fallen into the slovenly practice of "When you do not know what to give, give Nux;" especially if any complaint be made of the stomach. It may not be so bad to give a few doses of Nux while studying out a case if the presumption is that the patient has be drugged by an allopath or taken drug store patent "dope." Do not infer that every physician who is not homœopathic is, now-a-days, of the allopathic diathesis and persists, as of old, in adding fuel to the flames of inflammation, or changing, unwittingly, a simple irritation into a chronic catarrh. But the glad tidings of a reformed therapy have not quite gotten around yet; so once in a while a sufferer from dosing or a victim of the crimes of the drug clerk or the "patents" presents himself; then Nux to the front.

Dark-haired, bilious, rather thin people suffering from irritable, quarrelsome dispositions, bad effects of coffee and other table accessories, tobacco, liquors and other "drinks," excessive eating and strong medicines are the type specimens for Nux Vomica. The Nux disposition is congenital and a part of the individual's constitution and can not be "cured" any more than red hair or a tendency to whiskers, but it is with persons who have that disposition that Nux seems to act better as a cure for acquired ailments; especially of the nervous and gastro-intestinal systems.

The Nux patient does not sleep well nights; he awakens after midnight, gets a little more sleep towards morning, gets up in a disagreeable mental and physical state with probably bitter sour eructations, perhaps acid vomiting, at least he has a bad taste in the mouth. He feels and acts more decent for a half hour or so after breakfast, then tends to feel worse again. These are the symptoms that usually follow the "morning after" a banquet, a drinking bout, a champagne smoker, especially in persons who do not exercise enough. Sometimes one can "walk off" the effects or engorgements; that is, by

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exercise in the open air he can excite his over-burdened organs into a reactive state. A drink of hot water early in the morning will tend to wash the foul contents of the stomach onward through the pylorus and shift the burden upon the intestines. Better still, lavage, which removes the foreign fermented material from the system entirely. The Nux should be taken with or after the hot water or follow the lavage, then be taken after breakfast every hour or so until noon.

The sufferer from chronic gastric catarrh is not gotten out of his "bad spell" so easily, for with him it has underlying it an organic change in the mucosa. He is apt to have frontal headache; constipation and various conditions of the hæmorrhoidal veins. Following any meal, especially dinner, the patient may feel better for a time but soon becomes nauseated and sick. There are colicky pains with flatulence and downward pressure causing desire for stool. The constipation is not a paretic state of the intestines, as it seems to be with Anacardium; peristalsis goes on but is arythmical and fails to drive the intestinal contents on and out in a satisfactory evacuation. The constipation is peculiar because there is occasional urging and desire for stool and no passage may result.

No patient can be agreeable who has headache. The Nux patient is very subject to this symptom which, in part, accounts for his irritability. The Nux headache, which is very likely to accompany the gastric conditions is worse from stooping and coughing; comes in the morning, grows worse to get better only when the cares of the day are over.

All patients should be advised to abstain from coffee, tobacco, drinking, and stomach engorgements; and be put upon plain food and drinks, at least until much improved.

Some special Nux Vomica indications:

Morning headache continuing through the day.

Bitter, or sour taste in the mouth in the morning.

Vomiting, or nausea or gastric discomfort following over-eating, drinking, drugs, spices, tobaccos, high game and high-seasoned foods, etc.

Constipation with occasional unsatisfactory results when trying to have an evacuation.

People who are physically inactive from confining and mental pursuits, like office men, professional men, clerks, etc., who, from enforced bodily inactivity, are predisposed to constipation, hæmorrhoids, headache and indigestion are apt to be Nux patients.

Pulsatilla.

Like Ipecac, is indicated in indigestion the result of rich foods, especially fats. Unlike Ipecac, the tongue is pasty, the nausea much less. Fatty foods are irritating to the Pulsatilla stomach. The eructations and vomitus are sour or bitter. Some form of pyrosis is often annoying. The patient has no thirst for water but craves sour drinks. Appetite gone; when food is taken there is a preference to have it cold. There is often a sensation as if the food stopped "half way down." Compare the sensation of food stopping in the œsophagus with Abies, China, Asafœtida.

The desire for sour drinks is found also in Belladonna, Sabina, Sabadilla.

The remedies that have aggravation from fat like butter, pie-crust, pork and other fat meats, etc., are Ipecac, Thuja, Carbo veg.; from rich food and eating at night, Nux vomica, Ipecac, China.

Vomiting food a long time after eating it, Kreosote.

The natural disposition of the patient has a good deal to do with choosing many remeides. The Pulsatilla patient, as everybody knows, is lachrymose, confiding, "drooping." She (less frequently he) can be hypnotized and reacts to suggestion: a state of the mental organism hardly to be looked for under Nux, for instance. The Nux Vomica patient's home is where he is treated best and grumbles most.

Phosphorus.

Atonic conditions. Tendencies toward fatty degenerations. In ulcer or cancer there is dark, coffee-ground or ink-like vomitus. If there is constipation the passage is liable to be misshapen from stricture or narrowing of the rectum. In transverse section the stool is perhaps flat, ribbon-shaped or fluted. Sometimes the stool is slim and slender or resembles that of a dog. If there is diarrhœa the stool is apt to be oily in appearance. This oil stool is probably due to pancreatic affection as the remedy has marked action upon the pancreas and a stool resulting from pancreatic affection is likely to have an oily appearance.

Vomiting so soon as the food becomes warm in the stomach is a characteristic of Phosphorous. The food regurgitates by mouthfuls. There is thirst and cravings for cold drinks. Pulsatilla, also has a preference for cold drink and food but no special thirst or hunger. The thirst and cravings for food are great at night. Night hunger is characteristic amounting oftentimes to bulimia. The satisfaction from eating is complete until the material taken comes to the temperature of the body when it will probably be ejected.

Phosphorous has a kind of spasm of the œsophagus with food returning so soon it reaches the point of spasmodic constriction. This symptom suggests its use in rumination and other neurotic states.

Robina.

Excessive acidity. Constant eructations and vomiting of sour fluid that "sets teeth on edge." Distress in stomach getting worse as stomach becomes empty; relieved by eating. Mental depression; irritable. Dull headache aggravated by motion. "Especially useful in sick headache characterized by excessively sour eructations and vomiting."

Societies.

NEW YORK STATE HOMŒOPATHIC SOCIETY.

The Homœopathic Medical Society of the State of New York at the session of the fifty-ninth annual convention held at the Ten Eyck Hotel, Albany, New York, on February 12th, expressed itself as opposed to the Page-Whitney single board bill as well as to the Hinman-Hamn osteopathy bill. The resolution offered by Dr. John L. Moffat, which was unanimously adopted, said: "This society con-

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siders the present three board system of State medical examination very satisfactory, and will not accept any single board which does not secure for Homœopathists all the rights which they now enjoy."

Concerning his resolution and the attitude of the Homœopaths regarding the Page-Whitney single board bill and the Hinman-Hamn osteopathy bill, Dr. Moffat said that the Homœopaths with the allopaths were opposed to the admittance of the osteopaths to the practice of the profession of medicine under the conditions called for in the Hinman-Hamn bill, but that they did not believe that the Page-Whitney single board bill was the only law that could be enacted for the preventing of practice by the osteopathists. He said that, as the Homœopathic Society had shown, a simple amendment to existing laws by adding a definition of practice of medicine would be sufficient to accomplish the desired protection. Further, declared Dr. Moffat, the Page-Whitney bill is unjust and reverses the established policy of the State, in that it destroys the statutory protection now afforded to the candidates and to the minority school. Should the single board bill become a law it was pointed out that the medical standard of the State, which the Homœopaths are proud to have aided in establishing so high, would be lowered as it would license to practice without an examination in practice or materia medica a man who is incompetent to recognize or to treat a case of poisoning.

A resolution requesting the legislative committee to draw up and have passed a bill to commit to State care those subject to drug addiction was presented by Dr. Greenleaf, of Oswego, and was adopted.

In his address, "Liberalism in Medicine," delivered at the banquet which terminated the first day's sessions, Dr. Newton M. Collins, president of the society, said in part, as follows:

As soon as we, as a school, are honest enough to admit what we use and the dominant school makes a similar acknowledgment, will each school be in a position to avail itself of much that is good in the other. For example, the dominant school has spent more time in diagnosis, pathology and bacteriology than we have, and we can profit from their study, if we will; while, on the other hand, there is an equally good opportunity for them to profit by giving more attention to the treatment of disease by drugs given homœopathically. I am glad to say that we have passed the age of devoting our entire attention to symptomatology, and believe that many of us are in accord with the late Prof. McClatchey when he told his class that they might better pave the streets than be mere symptom matchers. However, I firmly believe that where medicine is indicated, and a drug has been found that has produced similar symptoms in the well, that drug will cure disease much more quickly when given by the law of similars than in any other way; but in that selection, we must take cognizance of all the collateral branches of medicine bearing on the case. We must always remember, however, that the first and most important factor of all is a thorough diagnosis. While attending the Hahnemann Medical College in Philadelphia, we were sent once a week to the Pennsylvania Hospital to attend the clinics of the late Dr. DaCosta. At that time it seemed to us that he spent too much time in diagnosing his cases and too little in treatment. After one has been in actual practice for a few years one can see that the time spent upon the diagnosis was none too great.

There are many other homœopathic remedies than those Dr. Cabot mentioned which have been proven to act equally well, and I have not the slightest doubt that in less than a decade the dominant school will be using ten drugs homœopathically where they now use one; while, on the other hand, we shall be using the best they have to offer without hesitating to acknowledge its source.

If we are to be progressive, "up-to-date" physicians, we must broaden our view of medicine, turn a receptive ear to all that is new, even though it seems foreign to the tenets of Homœopathy. If there is truth in it, it is ours, because we are broad enough to appreciate it. I am proud of the straightforward men in our school, who are honest enough to say that there are other agents than drugs that will cure disease. Dr. Sutherland, in a most excellent paper, read at the meeting of the Western New York Homœopathic Medical Society, held in Rochester last year, showed us the beneficial results of the high frequency current in increasing the elimination of the waste products of metabolism. It is a known fact that there are many ways of arriving at the same end. For example, to increase metabolism, the Homœopath may give Colchicum, Apis, Berberis, Cuprum arsenicum, and many other remedies; the old school physician resorts to diuretics and cathartics; the physical culturist advises systematic exercises; the osteopath stimulates the trophic nerve centres along the spine; the hydrotherapist uses baths and enteroclysis, and the electrotherapist the high frequency current. Why should we not feel free, when occasion arises, to use these methods in our treatment? By so doing we shall be living up the definition of a homœopathic physician as stated by Dr. Porter some years ago. "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of therapeutics and observes the law of similia. All that pertains to the great field of medical learning in his by tradition, by inheritance, by right."

What we need is liberality! More personal contact with members of other schools, and to cast aside all those prejudices that have been handed down from the time when prejudices meant our very life.

The meeting was called to order at 10 o'clock with invocation by Rev. Charles S. Hager. Communications from the president followed and the appointment of the following committees: Auditing, C. T. Haines, J. L. Moffat and Hills Cole; President's Address, H. D. Schenck, George E. Gorham and John W. Le Leur; Attendance, W. M. Doane, F. D. Lewis and H. O. Rockefeller.

The minutes of the last meeting were read and the reports of officers and committees heard. Eighteen new members were elected. In the afternoon papers were read by the society members in accordance with the program.

The banquet was held at the Ten Eyck in the evening, at which, besides the president's address,

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Prof. John P. Sutherland, of Boston, and Prof. William C. Goodno, of Philadelphia, read papers.

The program of the second day was as follows:

Ten o'clock, miscellaneous business; 10:15, "Ophthalmology and Otology," ElmerJ. Bissell, Chairman; "Splenic Leukæmia: the Eye as a Possible Source of Infection," W. H. Doane; 10:30, "Laryngology and Rhinology," H. W. Hoyt, Chairman; "Submucous Resection of the Septum," A. Worrall Palmer; "Conditions Requiring the Removal of the Tonsils," H. A. Harrison; "Breathing," Fred. D. Lewis; "The Nose; Sequences of the Grip," J. Ivimey Dowling; 12, elections, report of tellers for election of officers, of tellers on nominees for State medical examiners, and of the committee to name committee to nominate State medical examiners; 12:30, miscellaneous business; report of committee on president's address, of committee on attendance, of committee on exhibits, and of auditing committee; unfinished business; adjournment.

The most important business transacted was the election for officers, which resulted in the choice of the following: President, Herbert D. Schenck, Brooklyn, First Vice-President, F. A. Adriance, Elmira; Second Vice-President, William A. Keegan, Rochester; Third Vice-President, H. D. Cochrane, Albany; Secretary, H. Worthington Paige, Oneonta; Treasurer, R. P. Howland, Elmira; Necrologist, John L. Moffat, Brooklyn; Counsel, F. E. Wadhams, Albany; Censors, Southern District, D. J. Roberts, New Rochelle; Charles E. Teets, New York City; Nathaniel W. Ives, Mount Vernon; Eastern Section, Frederick J. Cox, Albany; H. L. Towne, Schenectady; H. P. Deady, Liberty; Middle District, C. T. Haines, Utica; Charles A. Ward, Binghamton; Louis D. Hyde, Owego; Western District, George T. Moseley, Buffalo; Thomas Parsons, Rochester; F. P. Warner, Canandaigua.

THE CLEVELAND HOMŒOPATHIC MEDICAL SOCIETY.

The February meeting of this society was held with President H. F. Staples in the chair. The program included a variety of entertainment, the first offered being the presentation of clinical cases. Through the courtesy of Dr. W. H. Phillips we are able to present a report of these. Dr. Wm. T. Miller presented reports of three cases. The first was a case of a redislocation backward of the elbow joint. Two X-ray pictures were presented showing the relation of the bones. Dr. Miller said forcible breaking up of the adhesions with a subsequent reduction of the dislocation would be the treatment. His second case was one of secondary abscess of the appendix treated by vaginal drainage. The third case was a specimen of an intra-uterine fibroid with double ovarian cysts, the necessary abdominal hystero-ovariotomy having resulted successfully

Dr. W. H. Loomis presented a case of tuberculosis.

Dr. W. H. Phillips presented a case of tertiary gummatous infiltration of the larynx with fixation of both vocal cords. The interesting part of this report was the development of the fact that under Kali jodatum, which was given in large doses, there developed an œdematous condition of the vocal cords and epiglottis. During the taking of this remedy the œdema steadily increased. That this was the fact was proven several times by the resumption of the remedy. Another interesting point was the fact that Dr. Phillips was forced to perform a high tracheotomy, the patient wearing the tube continually. He has good voice, and carries on his business satisfactorily. By closing the tube he can breathe fairly well through the laryngeal path for a short time.

Following the discovery of the intolerance of the crude Iodide of potash, he was given for a long time the same remedy in the 3x, and later Iodine 30, without any effect. Dr. Phillips hopes to eventually cure the case by gradual dilatation with bougies, when infiltration has been entirely relieved.

The paper of the evening was read by Dr. J. D. Parker, of Sandusky, Ohio. Dr. Parker is one of the coming men of Northwestern Ohio. In a very thorough and interesting way he discussed Echinacea. His principal use for the drug was in low septic conditions, when he uses it hypodermatically in 10 to 30 drop doses of the tincture. He used it also in secondary syphilis in preference to Mercury, giving it in 30 drop doses hypodermatically, once a day. Dr. J. T. Carter, in the discussion which followed, said he used the remedy in typhoid fever; Dr. Barton has used it in carbuncles and boils, and Dr. Bittinger in tuberculosis. Dr. Loomis has had delirium follow its hypodermatic use.

Dr. C. A. Hall read a paper on "Surgery of the Prostate," drawing from his large experience in that class of work.

Following the reading of these papers the officers of the society entertained those present with refreshments and cigars. The college orchestra was present to add to the pleasure of the occasion.

H.

PRELIMINARY PROGRAM OF THE BUREAU OF HOMŒOPATHY.

American Institute of Homœopathy—1907.

Wm. Boericke, M. D., Chairman, San Francisco, Cal. W. A. Dewey, M. D., Secretary, Ann Arbor, Mich.

A SYMPOSIUM.

Subject.

The Necessity of Perfecting a Systematic Development of the Homœopathic Organization.

A. For the purpose of maintaining a propaganda among prospective students of Medicine.
B. The Colleges a factor in this work.
C. The relations of our journals to the question.
D. The attitude of the profession to this question.
E. The Homœopathic Societies in their relation to this work.

SUB-DIVISIONS.

A. For the purpose of maintaining a propaganda among prospective students of Medicine.

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1. By what means can we place ourselves in touch with prospective students of Medicine.
Wm. Harvey King, M. D., New York.
2. The value of literature to accomplish this end.
W. A. Dewey, M. D., Ann Arbor, Mich.
3. How to instruct the laity to show superiority of Homœopathy..
B. F. Bailey, M. D., Lincoln, Neb.

B. The Colleges as a factor in this work.
1. The establishment of an "Entente Cordiale" and doing away with aggressive competition.
W. A. Geohegan, M. D., Cincinnati, O.
2. How to secure harmonious teachings on principles of Homœopathy and what sacrifices, if necessary, can we afford to make to have that teaching both intelligent and honest.
Chas. Mohr, M. D., Philadelphia, Pa.
3. In what respect can a greater degree of elasticity in present regulations of qualifications or matriculants be attained.
Lincoln Phillips, M. D., Cincinnati, O.

C. The relation of our journals to this question.
1. The full co-operation and proper directions to aid in securing the advancement of effective organization.
J. P. Sutherland, Boston, Mass.

D. The attitude of the profession.
2. How to enlist the active co-operation of the profession in the efforts to sustain an effective organization of our own, including the earnest support of our colleges.
R. S. Copeland, M. D., Ann Arbor, Mich.
1. How to correct the indifference of Homœopathic Physicians and its ill effects.
H. E. Beebe, Sidney, Ohio.

E. The Homœopathic Societies and their relation to this work.
1. Local and Special Societies.
J. P. Cobb, M. D., Chicago, Ill.
2. The American Institute of Homœopathy.
H. R. Arndt, M. D., San Francisco.

RESUME.

Wm. Boericke, M. D., chairman, San Francisco, Cal.

THE GREAT SOUTHWEST.

If we have the future of Homœopathy at heart, and if we are able to give a reason for the faith that is in us, will we not be willing to make some sacrifices for the spread of our gospel for the sake of humanity. If we hope to attain that prominent position in the medical world that it is our privilege to do, we must be willing to take on the spirit of our masters of the past, by denying ourselves some of the pleasures of this life, and getting out of ourselves by helping our brothers in the missionary fields. Let some of our competent physicians located in the congested districts of the East come out into the West, where thousands who have been accustomed to our practice in the East, are denied that privilege for the want of accessible physicians of our faith.

There are scores of good towns and cities in the Southwest with no homœopathic physician; with many anxious mothers praying that one should be sent them.

The great Southwest is fast being settled up by intelligent, progressive people; people who have severed past associations and home ties, and are seeking to better their conditions, and are open to convictions and ready to adopt new and improved methods, no matter from what source they come.

Conditions are different from old settled communities, with their fixed and conservative notions; I claim the harvest is ripe and ready for the reaper.

And by the help of the great medical journals of our school throughout the country, and the aid of our American Institute by its presence in our midst, this section will become the strong arm of Homœopathy, and furnish new blood to our colleges, and no doubt will furnish the first State where Homœopathy will predominate over all other schools. By careful examination it will be seen that adjoining States have the most liberal laws as regards the different schools of medicine of any like number of States in the Union.

It is my privilege after a great many years of constant practice to be located in the metropolis of this great country. And it will be my pleasure in the remaining years of my life to do everything in my power to advance the interests of Homœopathy in this quarter; and if I succeed as I believe I will in helping to give to Homœopathy the first State in the Union of States my work will be finished, and I can proclaim as one of old: "I have fought a good fight, I have kept the faith."

I am receiving communications every week from physicians in the East and North inquiring about this country and openings for physicians. I have located several lately. I will take pleasure in locating any worthy physician, but I must be satisfied he will be a credit to our school in this new country before he can have my indorsement. If we meet our expectations in this new country we must place the standard high. Our laws regarding the practice of medicine are as strict as those of any State, yet any competent physician with a diploma from an accredited medical college need not fear but he will pass.

J. Hensley, M. D.,
President State Institute of Homœopathy, Oklahoma City, Oklahoma.

THE GRIPPE.

An ache in the back, and a pain in the head—
That's the grippe!
A choke in the throat, and a yearning for bed—
That's the grippe!
A river of heat, then a shiver of cold,
A feeling of being three hundred years old,
A willingness even to do as you're told—
That's the grippe!

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An arrow of pain, now in this place, now that—
That's the grippe!
A feeling of doubt as to where you are at—
That's the grippe!
A stupid sensation—of course, wholly new!—
A foolish depression—why should you feel blue?—
A doubt as to whether this really is you—
That's the grippe!

Strange visions at night, that deprive you of rest—
That's the grippe!
A taste in your mouth, and a weight on your chest—
That's the grippe!
A tired sensation that runs through your veins,
A queer combination of aches and of pains,
A vapid admission of absence of brains—
That's the grippe!
—Somerville Journal.

The Library.

BOOK REVIEWS.

Compend of Bacteriology

Including Animal Parasites, by Robert L. Pittfield, Germantown Hospital, Phila. P. Blakiston's Son & Co., Philadelphia, 1907.

Another of Blakiston's useful Quiz Compends, in which the author has drawn freely from all standard works on the subject. It gives a chapter on immunity, a subject which has become as important as Bacteriology itself, and which promises to outstrip it in the extensiveness of its literature.

Text-Book of Psychiatry.

By Dr. E. Mendel, A. O. Professor in the University of Berlin. Authorized Translation. Edited and enlarged by William C. Krauss, M. D., Buffalo, N. Y., President Board of Managers Buffalo State Hospital for Insane; Medical Superintendent Providence Retreat for Insane; Neurologist to Buffalo General, Erie County, German, Emergency Hospitals, etc.; Member of the American Neurological Association. 311 pages. Crown Octavo. Extra cloth. $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

A welcome work to those who have visited Prof. Mendel's clinic in Berlin, where the "Amerikaner" is always so well treated. Of the book itself nothing need be said. It is a classic, as are all of the writings of the learned author.

A Text-Book of Pathology.

By Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Fifth revised edition. Octavo of 977 pages, with 399 text-illustrations, many in colors, and 7 full-page colored plates. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $5.00 net; Half Morocco, $6.00 net.

In this revision of this well known work on Pathalogy the sections on General Pathology in large part have been reconstructed and the chapters on Inflammation. Immunity, and Animal Parasites have been enlarged. The volume has been increased to 977 pages, and yet the general character of a text book for practitioners and students has been preserved. The plates in the present edition are marvels of excellence. A most valuable part to this as former editions is the assembling in an appendix of the general and special methods of pathologic technique. We do not know of any work where this feature is so well presented and it is all up to the latest development of the science.

The Elements of the Science of Nutrition.

By Graham Lusk, Ph. D., M. A., F. R. S. (Edin.), Professor of Physiology at the University and Bellevue Hospital Medical College, New York City. Octavo of 326 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $2.50, net.

This is a work which deals with Nutrition in health and disease. Proof has been presented with every statement and this makes it especially valuable to the clinical physicians, and while the book deals largely with laboratory methods, it has an abundance of practical clinical points, Its special charm is the concise way in which the subject is presented and the fact that the book is not large, and the points are all easy to get at.

A Text-Book Upon the Pathogenic Bacteria.

For students of medicine and physicians. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia. New fifth edition. Octavo volume of 647 pages, fully illustrated, a number in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth. $3.50, net.

In this last edition much new matter has been added and much that has become old and worthless eliminated. This will always be necessary in a work on bacteriology, for much of that subject is yet in a conjectured stage. The principal advances have been along immunity lines and this has been gone into in a thorough manner in the present work.

It is a work that is interesting to read and contains all the essential facts of the subject, and so it will maintain its position as the chief and best work on the subject.

Atlas and Text-Book of Human Anatomy.

Volume II. By Professor J. Sobotta, of Wurzburg. Edited with additions, by J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto volume of 194 pages, containing 214 illustrations, mostly all in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.00 net; Half Morocco, $7.00 net.

The second volume of this excellent Atlas and Text Book is before us. We noted the first volume some months ago, and this is an immediate continuation of it. The subjects of Splanchnology and Angiology are dealt with. We know no better illustration is in any work on Medicine than are to be found in these volumes. No pains nor expense have been spared to this end. Especially interesting and valuable to the practitioner is the part devoted to the consideration of the heart and also that devoted to the female sexual organs. For the

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student the work is essential, for the nurse desirable, and for the practitioner, invaluable.

A Manual of Pathology.

By Guthrie McConnell, M. D., Pathologist to the St. Louis Skin and Cancer Hospital and to St. Luke's Hospital. St. Louis, Missouri. 12mo of 523 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Flexible leather, $2.50 net.

Of the smaller works on Pathology this volume is deserving of special attention, for it enables a student to seize upon the salient points of the subject with little trouble. Brevity has been sought in its preparation and yet enough has been presented to make the subject clear. It is profusely illustrated, which increases the size considerably and yet not enough to make it unhandy, and the illustrations are of a super-excellence.

A Manual of Normal Histology and Organography.

By Charles Hill, Ph. D., M. D., Assistant Professor of Histology and Embryology, Northwestern University Medical School, Chicago. 12mo volume of 463 pages, with 312 illustrations. Philadelphia and London: W. B. Saunders Company, 1906. Flexible leather, $2.00 net.

This is a handy volume for beginners in histology, presenting the fundamental facts in a clear and concise manner, illustrated well to aid the memory; in fact, if one should study the illustrations alone, one would be fairly well up in the subject, for they present vividly the essential points of the subject. Much attention is given to the Oral Cavity, and plates are presented showing the development of the teeth. It is a good work so far as we are able to judge, and one that will meet with a good reception.

Transactions of New York Homœopathic State Society for the year 1906.

This is a record of the proceedings of this Society under the presidency of Dr. Newton M. Collins, of Rochester, N. Y. The transactions of this State are a library in themselves: the best homœopathic thought of the Empire State is to be found in them and the volume is handy and always ready for reference.

Surgical Suggestions.

By Walter M. Brickner, M. D., and Eli Moschowitz, M. D., of Mt. Sinai Hospital. Surgery Publishing Co., New York.

These are brief surgical points that have appeared in the American Journal of Surgery for some time and furnished by this to other journals for quotation, arranged in book form. It is a small work of some sixty pages, and all in it is valuable.

Plaster of Paris and How to Use it.

By Martin W. Ware, M. D., of Mt. Sinai Hospital, New York. Surgery Publishing Co.

A useful little work in seven chapters upon the use of plaster of Paris in surgery. The making of all forms of bandages, splints, corsets, jackets, etc., is detailed and illustrated.

Chemistry, General, Medical and Pharmaceutical.

By John Attfield, F. R. S. Nineteenth edition. Lea Brothers & Co., Philadelphia and New York. 1906.

What can be said of a book that has passed through eighteen editions and now comes to our table in the nineteenth? Nothing, save that it grows better with edition, and that it represents as it always has the very best work in the medical field that treats of chemistry. This edition has especially been revised to conform to the new United States Pharmacopœia.

Animal Micrology.

Practical Exercises in Microscopical Methods. By Michael F. Guyer, Ph. D., Cincinnati. University of Chicago Press. 1906.

This is one of the cleanest works on microscopical technique we have ever seen, and is especially suitable for the beginner. It is full of points, tricks of technique not mentioned in other works, and is one that every student and physician should have.

Stenhouse and Ferguson's Epitome of Pathology.

By John Stenhouse, M. D., of the University of Toronto, and John Ferguson, M. D., Toronto, Canada. 12mo., 285 pages, amply illustrated. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906. (Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M. D.)

This is a useful volume in the preparation of which all standard works on pathology have been drawn upon and so it gives the latest and best on the subject. These compends of Lea Brothers are all of exceeding value to both student and physician.

Homœopathic Therapeutics.

By Samuel Lilienthal, M. D. Fourth edition. 1154 pages. Cloth, $6.00, net. Half morocco, $7.00, net. Book expressage extra. Philadelphia: Boericke & Tafel, 1907.

It was with true emotion that we received this grand old work now bearing the imprint of a fourth edition. We recalled how intimately we were associated with the venerable author during the preparation of the third edition, and how frequently we ran across the street to see whether he had incorporated this or that symptom, and with what painstaking patience he searched the literature to verify all doubtful observations before incorporating such in his book. His son, James E., and our classmate, gave him much aid in the preparation of the third edition, and it was the father's fond wish that should ever a fourth edition become necessary it might be placed in the conscientious hands of the latter, and well it might have been, too, for the son was as true as the father. Alas! father and son are gone, even the house in which the third edition was prepared in is a heap of ruins, but the "old man's testament," the great unabridged dictionary of homœopathic therapeutics, a work as near perfection as is possible to obtain, will stand as a monument for all ages. Read the preface to the third edition, can there be anything more sincere and squarely to the point? It was upon this thoroughness and desire for truth that the work was built, and it is no wonder the profession desired a fourth edition, even though it is a reproduction of the third. Nothing can be better, though a dozen editions appear in the future.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Subscription, Two Dollars Per Annum.

MARCH 1, 1907.

Editorial.

OUR MISTAKES AND THEIRS.

Nothing has given us more pleasure and satisfaction than a perusal of the address delivered before the Boston Homœopathic Medical Society at its December meeting by Dr. Richard C. Cabot, of Harvard University, and afterwards printed in The New England Medical Gazette. It was the fairest, most plainly stated and probably the most precise exposition of the differences and agreements between the two schools of medicine that has ever appeared. It gives a list of our mistakes and theirs, and suggestions for further elimination of these. While perhaps many of the homœopathic school would differ from the able writer on some points, there can be no disagreement upon the fact that viewed from his own particular standpoint, and to a large extent from ours, he has given to the medical profession of both schools an essay that will have a far reaching effect in conciliating the antagonism that has existed between them. If it is read with equal pleasure by the members of his own school as the members of ours, the amount of good it will accomplish is great.

That Doctor Cabot is in search of truth and willing to acknowledge it wherever found goes without saying, and that fifty years ago a person of his eminence holding the same views would have been forced to abandon his school and come over completely into the homœopathic camp, goes equally without saying, for history records many such instances.

The growth of a new generation since the former bitter controversies between the schools is put forward as a reason for the disappearance of many of the grounds of difference, and we should welcome this new generation. The question naturally arises, What proportion has this new generation attained? Also how new is it? We agree heartily with the doctor's opinion that there are "fools, fanatics and knaves" in both schools, and we might go further and say that those who are "intelligent, high-minded and eager for the truth wherever found" are yet in the minority in both schools.

We rejoice further in the expressed opinion that personal antagonism has disappeared and that Homœopaths are looked upon very much as other physicians. And we hope that this condition of affairs originating, we may say, in the Hub, may, in the revolutions of the wheel of time, be thrown out to all parts of the world, where, at present, such does not obtain. There is need right now that some of this anti-antagonistic material strike somewhere in the vicinity of the allopathic medical legislative committees of New York and Pennsylvania.

Of the part of the essay devoted to our common agreements there can be nothing said further than that we believe quite a part of it is the agreement that exists betwen Dr. Cabot himself rather than his school, and probably the major part, but not all of the homœopathic school. An exception might be taken to the remark that English homœopathic writers exhibit a spirit of hostility to surgery; this is certainly not to the manual art of surgery, but if such exists, and it is probably correct that there is some hostility to surgery in our school both here and abroad, it is only, so to speak, a conservative hostility, and has its genesis in the experience of the school that under our system of treatment surgery is rendered less frequently indicated, and when necessary surgery is combined with our therapeutic measures, and by therapeutic here we mean homœopathic drug application, gives patients a little better chance. Probably thousands of our physicians could testify truly to this from personal experience.

We do not know further whether the belief is universal in the school of Dr. Cabot, that quinine invariably is indicated where the malarial parasite is found, but we know it is not so in the homœopathic school, and that our practitioners who have had the largest experience in the treatment of intermittent malarial fevers do not use it to any great extent. This, then, is a point of agreement that we must eliminate, but the essayist cannot be criticised for this, nor, in fact, for any of his statements, they are fair-minded and exact as he sees them.

In discussing their mistakes he condemns, and we believe rightly, the term "Regular" and many similar terms that have been to us quite as scarlet as the word "Allopath" has been to them. We do not concede, and probably it was not asserted, that a complete list of the mistakes of either side was presented, and we might not agree as to whether the mistakes mentioned were real ones on both sides,

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but certain if is that Dr. Cabot's valuable paper is a classic, and we trust that it will command as much respect in his school as it has in ours.

What are we going to do about it? We are of the belief that there will always be homœopathic physicians in contra-distinction to what we have to distinguish as allopathic or old school physicians, and by homœopathic physicians we mean the kind without a stereotyped, made-to-order definition who will assume that the whole field of medical knowledge is theirs as they have done from the earliest days of the art; and who in their practice will follow the principle of Similia similibus curantur; and we believe further that our old school friends will see as we believe they have done for many decades, that our successes in the treatment of disease has been at least equal to theirs, and will acknowledge it as they have not done. There may come a time when distinctive lines can be honorably effaced, but it will not be until the "new generation" has increased from a hundred or so to far grander proportions. When our students shall have credit in all medical colleges; when not only we shall be invited to join their societies, but be able to do so acknowledging, if we so please, that we practice homœopathic medicine exclusively, when allopathic physicians shall be willing to accept any test of the relative value of drug action in disease; when they shall attend our societies, take our periodicals, purchase our literature and acknowledge its value and be willing, *de facto,* to show all this then we can cease feeling proud that we are homœopathic physicians.

We are not one to go into a hysteria because some celebrated authority of the older schools pats us on the head and tells us that we operate as well as he does, and invites us to assist him in his clinic, and if we were a homœopathic surgeon with any respect for ourself we would scorn rather than boast of such pedantic patronage. Yet we know it is done. Nor are we one to have afar-off look of superior importance because some noted old school health officials and hygienic experts have responded to our invitation to present to us, a Homœopath, ideas that we ourselves know can be found in our own school as well as in theirs. Yet we see it done frequently, and the more it is done the more far-off and superior becomes the look of importance. Nor are we one to think that because some old school periodical has condescended to publish our lucubrations that Homœopathy is benefited thereby, or that our own status in the world of medical thought is lifted a single story higher that it would have been if published in our own periodicals.

We desire to be met as Dr. Cabot has met us, on the level; he has done what many of the members of our own school actually seem ashamed to do, and acknowledged that a Homœopath is quite as good as an allopath every time, that all make mistakes, but that the specialty of mistake making is not the exclusive property of either school.

AT IT IN PENNSYLVANIA.

As we have already shown, several times in the Medical Century, there has gone forth an edict from the school of medicine that seeks to dominate through its underground railroad to secure single examining boards in every State in the Union where three separate boards now obtain, and it is to be remarked that one of the chief buckles that galls the sides of allopathy is that the three board system gives official recognition to Homœopathy by name.

We have before us the elaborate bill presented to the Pennsylvania Legislature in January doing away with what is presumably satisfactory to the homœopathic and eclectic physicians of Pennsylvania and substituting in its place a complicated system of medical council and medical board of examiners. There is nothing in the bill to prevent the majority board of examiners being allopathic, and in the medical council the representation of the homœopathic school is on a par with the physio-medical and osteopathic schools, no more, no less, and is only half that of the allopathic school at best. It is a shrewdly concocted bill. The council is to consist of the Lieutenant Governor, the Attorney General, the Secretary of Internal Affairs, the Superintendent of Public Instruction and the Commissioner of Health, to these are added four members of the examining board, of which the president shall be one, and no two of which shall be members of the same State medical society or association. Thus the majority is allopathic in practically both bodies. The medical board is to select the questions for the candidate, and none of these are to be in therapeutics, for the treatment of the sick seems not to call for any special knowledge. These questions are to be passed upon by the medical council and approved before being presented to candidates, which seems to us farcical. What does the Lieutenant Governor or the Secretary of Internal Affairs, or even the public instruction, know of the suitability of questions in obstetrics or pathology and histology. The Commissioner of Health, of course, is secretary of the council, for this provieds for an extra old school man. It seems that the medical politics enters largely into the bill, and the questions being selected by the board of examiners would naturally be passed upon by the board of members of the council aided by the Commissioner of Public Health. It would seem at first sight to be fair enough since only one member of council belonging to allopathic school could come from the board of examiners, the other three being of the other schools, but it is natural to suppose the health commissioner would by his influence be able to offset the power of those three. The fees are $25.00 and $50.00 for those coming from other States wherein they have licenses, provided these States have satisfactory requirements, etc.

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Three thousand dollars are to be appropriated for the use of council.

It is all to us simply a scheme to do away with the present system of three boards and to get control of medical matters in Pennsylvania.

We cannot believe that our Pennsylvania Homœopaths, some 1,200 or 1,400 strong, with the finest homœopathic institutions in the world within the borders of their State, with perhaps our strongest State medical society, will sit quietly down and permit this bill to pass. We look for better things in a State wherein homœopathic education in America was born; from the State of Hering, Raue, Lippe, Neidhard and Farrington, and we hope our Pennsylvania brethren will oppose it as vigorously as our New York brethren are opposing allopathic domination in the Empire State.

EDITORIAL BREVITIES.

Professor A. Leight Monroe's Materia Medica Lectures.

In the next issue of the Medical Century Dr. A. Leight Monroe, formerly of Louisville, Kentucky, now of Miami, Florida, will begin a series of materia medica articles. These articles will embody the meat of the lectures delivered by Dr. Monroe during the last fifteen years, embracing his professorship of materia medica at Pulte College, Cincinnati, and the Southwestern Homœopathic College, Louisville.

The many students who have sat under Doctor Monroe's able teaching during these years have long been anxious to possess these lectures in printed form, and this will be their opportunity. The articles will differ from the lectures only in being reedited so as to better suit the wants of advanced students and practitioners.

Those who have heard Dr. Monroe lecture or discuss materia medica papers in societies know that his knowledge of the subject is not only profound, but that he also knows how to impart it. It is the testimony of all that his lectures are original and practical, analytical, comparative and philosophical, and that they are unlike anything now in print on this subject.

A Cure for the Opium Habit.

Nature seems to have come to the aid of the Chinese in the tremendous task that people have undertaken of banishing the opium habit from their land. The habit is perhaps as general with them as the liquor evil with Americans, and very much more teacious in its hold. Information comes from a reliable source that, by a mere accident, a discovery has been made which at this critical time will, if as claimed, be a great boon to that people. The London Christian World says on the subject:

"A young Chinaman, said to be a druggist, went into the jungle near Singapore to collect medical plants. By mistake he took home the leaves of a common creeper. Of these he made an infusion, which he and an opium-smoking friend tried, and the friend found that it had taken away his craving for opium. Chinese members of the Y. M. C. A., who had been reading the life of Pastor Hsi and his work in his opium refuges, studied the effect of the herb and began distributing the infusion with wonderful effect. At one center six thousand patients were treated in a few weeks. Very soon the news spread through the Chinese settlements of the East and in China itself, and everywhere the same cures were effected. Wealthy Chinese are subscribing largely for the distribution of the herb. One gentleman gave a thousand dollars to the Anti-Opium Society as a thank-offering for the cure of a relative. The herb is chopped up fine and roasted or charred. The infusion looks and smells like senna tea."—N. Y. Tribune.

All of this is particularly interesting to the homœopathic profession because it means that another remedy is on the way to a scientific proving preparatory to its scientific use in the treatment of disease.

Editor's Table.

GENERAL NOTES.

Dr. N. Emmons Paine and Miss Martha Lee Gilmore were married on February 14th. Dr. and Mrs. Paine will be at home in West Newton, Mass., Thursdays during May.

The Chicago press is the authority that one of our good friends in Chicago, Dr. C. S. Eldridge, received a good windfall in the shape of a bequest from a patient whose family physician he had been for many years. Physicians are too apt to be forgotten in wills, and we are pleased to chronicle one appreciative deceased.

Dr. Robert J. Ferguson, of New Haven, Conn., announces to the profession that he has retired from general practice, and that hereafter he will devote his practice to diseases of the eye, ear, nose and pharynx exclusively.

We note a little squib on "Hypnotic Danger" in the Cincinnati Enquirer by Dr. Thomas M. Stewart, of that city.

We learn with pleasure that our Washington notes have always been "anxiously sought and eagerly read." That is because we have always had such excellent correspondents in the City of Magnificent Distances.

The Monthly Homœopathic Review, of London, reprints Dr. Walsh's excellent essay, which was one of the winners in the prize essay contest of the Medical Century a year or so ago.

While we have heard this until it has become an old story, yet it always pleases us to have an appreciative subscriber write us that the Medical Century is "the newsiest medical journal published." It shows a lot of good judgment.

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The Metropolitan Hospital, New York City, offers unusual opportunities for clinical research and practical experience in treatment.

Its 1,300 beds provide abundant material for study in all departments, medical, surgical, pathological gynæcological, genito urinary, obstetrical and pædiatric.

Examination of candidates for the twelve vacancies on the interne staff, which will occur during the current year, will be conducted at the hospital on Friday, April 5, 1897, commencing at 10 A. M. The service is for twelve or eighteen months, divided between medical and surgical departments, and entitles the graduate to the diploma of the hospital.

Application should be addressed to Edward P. Swift, M. D., No. 170 West 88th street, New York, Chairman of the Examining Committee, and should be accompanied by three letters of reference.

Homœopathy is very strong in the Wyoming Valley of Pennsylvania. It is a very rich section, more practitioners of Homœopathy are needed there, especially is the field a good one for surgeons, oculists and strict homœopathic prescribers.

On January 23d occurred the marriage of Dr. Daniel P. Maddux, of Chester, Pa., to Miss Ada Lowe Park, of New York City. The Century extends its congratulations. Mr. Maddux has long been a prominent figure in both social and professional life in his home town, and we are sure he will, with a helpmeet at his side, realize greater blessings.

Dr. James C. Wood sepnt the third week in February among the colleges and hospitals of the great Eastern cities. If only the colleges will not demand lectures and clinics and all the rest of the things usually following the advent of such a noted surgeon and teacher, we are sure the little rest time is going to be profitably spent.

The Boston University School of Medicine should be proud of the standing of its graduates before the State Board of Registration. The highest mark received by any of the candidates came to a graduate of that institution, and a second one obtained third place. There were no failures.

The entertainment given by Dr. C. E. Fisher at the East Radford Hospital on its first anniversary was a success in every way. It is probable that on the completion of the railroad work the hospital will be donated to the town. We do not know whether there is to be a provision for the continuation of homœopathic treatment or not; but if the East Radford people are sensible they will see to it that something is done in this line, for although most of the personnel of the hospital have been allopathic physicians, we learn that homœopathic treatment has been the rule, and its success has been to the wonderment of the latter.

The Minnesota State Homœopathic Institute is out with notices of its meeting to be held in St. Paul, May 21st to 23d. We are sure there will be a fine meeting, for the best homœopathic thought in the State is in charge of the bureaux.

The Monthly Homœopathic Review, of London, has been given over to the entire control and management of the British Homœopathic Association. Messrs. Gould & Son who have been publishers for thirty years have given up all official connection therewith. It will appear under the new regime on March 1st, and will be called the British Homœopathic Review. Drs. Pope and Dyce Brown retire from active editorial work and become consulting editors. The active editors will be Dr. John McLachlan, of Oxford; Dr. Theophilis Ord, of Bournemouth, and Dr. Thomas Stonham, of Hampsted. It it gratifying to know that this fine old periodical, which has just begun its second century of usefulness will be in such excellent hands. It is one of the best periodicals in the English language, few equal and none excel it.

The department of Original Research in our esteemed contemporary, the Chironian, contains an article, "Observations of the Etiology of Cancer," by W. H. Dieffenbach, M. D., New York. Now we always knew that there was no one in the school better able to write on this subject than Dr. Dieffenbach, and we presume many of his researches and observations were pursued in the New York Homœopathic College, which is fortunate in having that gentleman on its faculty, and we thought that here was one more brazen stud in our targe to enable us to combat the allopathic contention that the homœopathic school had never furnished any original research in the field of medicine. Alas! in our myopia, we overlooked that the article in question was taken from the Medical Record of December 8th. Thus one more of our good scientific research articles, instead of coming from the school, has gone into the maw of allopathy, to nourish the cells that have it in for us, and that they do, in spite of Cabot, a letter from the office of the American Medical Association bearing a date as late as 1907, wherein is stated that our societies are not recognized shows.

Dr. E. H. Porter, State Health Commissioner of New York, has sent to the legislature a request for a larger appropriation than the $57,000 the department received last year, in order that a systematic inspection of the ice fields on the Hudson and in the Adirondacks may be instituted. The present resources of the department do not permit the proper safeguarding of the ice supplies.

There is room in Nashville, Tenn., for at least six homœopathic physicians. Franklin, a town of 3,000; Brentwood and Noblesville, all near Nashville, are good locations; in fact, the demand for homœopathic physicians is almost unlimited.

The New York State Medical Society (allopathic) gives a set of reasons why its duty is to secure the passage of the single board bill in New York. They show that Homœopaths and eclectics need expect no mercy, no fair play, or no consideration, that "survival of the fittest" is the war cry, and that the electropaths, osteopaths, midwives and opticians are in a class to which the desire is to push the members of all the schools save the allopathic. They suggest that allopathic medicine is made ridiculous by having any other schools, and ask the State to draw the line across the throat of Homœopathy.

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MINNESOTA MENTION.

BY HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. S. W. Rutledge, Grand Forks, N. D., died February 3d of Diabetic coma. He was a graduate of the Missouri Homœopathic Medical College in 1876, and had practiced in Grand Forks a great many years. This leaves a fine field open.

Dr. R. R. Rome, Minneapolis, lost his father by death in November last.

The father of Dr. R. D. Matchan, Minneapolis, and Wesley G. Matchan, Bismarck, N. D., died very recently.

Dr. A. E. Higbee, Minneapolis, had his vacation early in the winter in Florida.

Dr. C. F. Mitchell has removed from Mound, Minn., to Buttermilk Falls, Wis., near Prescott, Wis.

Dr. W. H. Leonard, Minneapolis' oldest practitioner of homœopathy, is very low with cancer of the face.

Dr. P. M. Hall was recently elected for the third time to the position of Health Commissioner of Minneapolis.

Dr. J. D. Waller, Maple Plain, Minn., recently brought a surgical case to Minneapolis for treatment.

Dr. A. E. Comstock and Miss Minnesota Berkey, of St. Paul, were married February 8th. Congratulations from the doctor's many friends in the profession are herwith extended.

Dr. H. C. Leonard, Duluth, one of our best and staunchest homœopathists, was recently operated on for appendicities (an interval operation) by aprominent allopathic surgeon, thus giving the allopaths, generally, greater reason for saying as they do so frequently, that "Homœopathy has no surgeons." He should certainly be more loyal to his school of practice.

Dr. L. D. Shipman, Minneapolis, died February 5th of a septic broncho pneumonia immediately following a severe laryngeal diphtheria, leaving a widow and two small children.

The Antituberculosis Congress, comprising the Western Conference on Tuberculosis (February 5); the Minnesota State Association for the relief and prevention of Tuberculosis, (February 6,) and the American Tuberculosis Exhibition, (February 2-12) was held as indicated in the assembly room of the City and County building, Minneapolis, and large audiences were in attendance. Homœopathy was represented by Drs. Geo. F. Roberts, Ethel E. Hurd and H. C. Aldrich, chairman.

M. D. Cooper, a member of the senior class of the Homœopathic College of Minnesota University, has received the appointed of interne at the Minneapolis City Hospital for the ensuing year.

Dr. Carl Feige, Hahnemann, Chicago, '06, until recently interne at the Minneapolis City Hospital, has left that institution and gone to Chicago, where he will fill out a vacant period as interne at the Cook County Hospital.

Dr. Paul A. Higbee, Minneapolis, who has been ailing for a year or more with a bone abscess affecting the ileum, is, we regret to say, worse again, and fears are entertained that there is an infection of some of the vertebræ.

There are magnificent locations for Homœpathists at Blue Earth City, Minn., 4,000 inhabitants, and Grand Forks, N. D., 10,000 inhabitants. Homœopathy long established in both places.

Dr. E. L. Mann spent the month of January in Florida, and has returned much benefited by his sojourn in the southland.

Dr. L. E. Penney, of St. Paul, is in Chicago undergoing the anti-rabic treatment at the Pasteur Institute, having had the misfortune to have been bitten by a dog suffering from rabies early in February.

Dr. R. B. Leach, of St. Paul, the president of the Minnesota State Homœpathic Institute, has been quite seriously ill with grip. We are glad to report that he is out once more.

The Tuberculosis exhibit, which was in Minneapolis for ten days, from February 2d to 12th, will be held in St. Paul under the auspices of the Associated Charities there for ten days, from February 16th. Dr. B. H. Ogden is to be one of the speakers.

Dr. Paul A. Higbee and wife have gone to San Antonio, Texas, for the doctor's health.

CINCINNATI NOTES.

LINCOLN PHILLIPS, M. D., CINCINNATI, O.

The February meeting of the Cincinnati Homœopathic Lyceum was held in the faculty room of Pulte College, Wednesday night, February 13th. There was a large attendance. The essayist was Ralph Wallace Reed, M. D., son of T. E. Reed, M. D., of Middletown, O. Like all Pulte boys, Dr. Ralph did himself proud. His address was scientific, logical and masterful.

The subject was "The Influence of the Tidal Waves in the Determination of Sex and Birth." This subject has been under investigation by Dr. T. E. Reed for almost thirty years, and as he is a man of quite wide experience in obstetrical fields, his opinions are worthy of careful investigation. Briefly, his theory is that conceptions occurring during the high tide produce males, during low tide, females. That births occur during positive (or high tide) hours and deaths during negative (low tide) hours.

Since high and low tides alternate twice during twenty-four hours, and the sexes are about equally divided, the theory seems plausible. The doctor has been gathering statistics and watching his own cases for years, and he declares it to be an absolute fact. A stockman told the writer some days ago that he had been following the idea in breeding, not only his own stock, but his neighbors as well, for years, and he says that it is a positive law, and that in scores of cases he has not failed in a single instance to produce either sex desired.

Dr. Ralph Reed does not hold that it is the mere influence of the tide or the moon, but some universal law back of it all, which produces the ebb and flow, action and reaction, male and female, etc., etc.

How shall you tell when it is high and low tide? If you have no other tide chart get one of Jayne's

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almanacs. It has a tide chart, giving high tides at Philadelphia. Since time and tide practically travel together, the hour of tides will be the same as given at Philadelphia throughout the country. It it from 2 to 8 A. M., has been high tide, or positive hours. From 8 A. M. to 2 P. M. low tide, or negative hours. From 2 P. M to 8 P. M., high or positive; 8 P. M. to 2 A. M., low or negative.

It will be seen from the chart that these hours are about one hour later each day, corresponding with the moon's travel.

It is an interesting and fascinating study. Dr. Reed holds that no man can be a skillful obstetrician unless he follows these laws of nature. I am sure the doctor will cheerfully give information to any one inquiring.

The Ohio Board of Medical Examination and Registration held a meeting at the elegant new Hotel Hanlin in Cincinnati recently. They were entertained at night by Dr. and Mrs. Ravogli. Dr. Ravogli is a member of the board, and an eminent dermatologist of the old school.

Dr. Boger, of Parkersburg, the widely known writer on materia medica, will deliver a course of lectures on homœopathic materia medica soon to the students of Pulte College. The staff of Pulte's lecturers on materia medica is hard to beat—Buck, Geohegan, Geiser and Boger.

Dr. Ida McCormick has returned from a visit to Colorado.

Dr. W. H. Smith's wife after quite a serious illness is convalescing nicely.

The annual board meeting of the Home of the Friendless was held January 30th. The report of the staff was read by Dr. H. H. Wiggers. This institution affords excellent opportunities in obstetrics to the Pulte students.

We note with great pleasure that the homœopathic medical societies of New York have pledged themselves to secure bright young men to be students of Homœopathy. This is a step in the right direction. We have always contended that the more able Homœopaths we have the better it would be for all of us, and the better standing would the homœopathic school have. The apathy of the profession and the medical laws have made a heavy load for the colleges to shoulder. Why not make up and give them a boost instead of a knock?

KANSAS CITY NOTES.

BY LOUIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

The February meeting of the Kansas City Homœopathic Society was one of the many well-attended and enthusiastic meetings of that body. Dr. Luella Z. Rummel reported a most interesting case wherein the single remedy in the high potency had produced remarkable results.

Dr. H. E. Young presided, and Dr. W. W. Adams presented a paper on "Hepatitis."

Dr. Chas. K. Wiles was appointed chairman for the March meeting.

Dr. E. P. Miller, of Olathe, Kansas, who is a member of the Kansas Board of Health, and who also occupies a chair in the Kansas City College, writes that he will at an early date locate for practice in Utah.

The entire profession here will regret to learn of the doctor's departure from this locality.

Dr. J. V. Lynn is a somewhat recent addition to the homœopathic ranks of this city, and is already actively interested in the college and society. Dr. Lynn has a well-appointed office in the Argyle building at 12th and McGee streets.

Dr. E. H. Merwin, one of Kansas City's bright, progressive young Homœopaths met death at the hands of a misguided young woman in his office in the Hall building on the afternoon of February 9th.

Her suicide followed immediately, and left the cause of the double tragedy clouded in mystery.

Dr. Merwin was professor of surgery in the Kansas City College at the time of his death.

He is survived by parents, a sister and a host of professional and lay friends.

Dr. Geo. A. Dean has been seriously ill at his home in Brooklyn avenue, but is reported better at this time.

CLEVELAND CHRONICLES.

Dean Quay, of the Cleveland Homœopathic Medical College, has again shown his spirit of progressiveness in inviting Dr. H. E. Beebe, of Sidney, Ohio, to deliver special lectures before the class. Dr. Beebe is probably better known, not only in Ohio, but in the homœopathic school than any other alumnus of this institution. He is president of the Ohio State Board, and has occupied nearly every office within the gift of his associates in medicine.

In his first lecture Dr. Beebe gave a very instructive and interesting talk on materia medica and practice. He first called attention to the great value of Hemple's Materia Medica as a text-book, saying that his first study had been from that book, and that he had never forgotten his study of Aconite as it is discussed in that volume.

He sounded a warning against becoming too materialistic, as is the tendency of the day. He then spoke of the study of materia medica, acknowledging its great difficulty and also the fact that it is a never completed study.

Referring to the efforts of the old school to gain members for their association from among the Homœopaths, he quoted the remarks of President Green, of the American Institute of Homœopathy, in which he said that amalgamation could never be a fact until the truth of the law of similia as a law of cure is acknowledged officially by the representative body of the old school.

He characterized as a truth Dr. Walton's statement that "Medicine should not be spoken of as not being exact but as not being completed."

He quoted freely from the 1905 Institute paper

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by Dr. Wm. A. Goehegan, of Cincinnati, Ohio, on "Idealism in Therapeutics," in which he discusses Homœopathy as a science of therapeutics based on Similia, and the totality of symptoms as the basis of a prescription in accordance with the same law.

Next he spoke of the necessity for efficient teaching of the materia medica, and the fact that too little time is devoted to it in the college course. He spoke of the fact that the homœopathic physician had the right and privilege of using any rational method for relief of disease.

Several aphorisms of the doctor are worth quoting. For instance: "Always appear to be doing something, especially when there is nothing to do." "Always go when duty calls, and when you get there don't stand around with your hands in your pockets." "We may grow wiser as we grow older, but we do it by forgetting what we thought we knew." And apropos of the disagreeable habit of some people of calling a medical man "Doc," he quotes: "A man may be called a thief, a liar and dead-beat and yet prosper, but once let him be called Doc, and his professional success is at an end." "Doc means disaster." "Doc is the hand that points to the next town."

Take it all in all the address was one of the best we have ever heard, and made a profound impression on the students, the entire body attending.

The next day Dr. Beebe lectured on materia medica, taking up a comparison of twelve remedies in groups of three; as, for instance, Aconite, Belladonna and Gelsemium. The lecture was very instructive and much appreciated by all who heard it.

OBITUARY.

Dr. S. W. Rutledge.

Grand Forks, N. D., February 3d. Missouri Homœopathic College, 1876.

Dr. Edith A. Emmet.

Kansas City, Mo., January 18th. Kansas City Homœopathic Medical College, 1883.

Dr. Norman F. Edwards.

Welch, W. Va., January 13th, æt. 28. Hahnemann Medical College, Philadelphia, 1902.

Dr. Simon L. Groot.

Of Washington, D. C., died on January 8th at the age of 89 years. He was one of the founders of the Homœopathic Hospital in Washington, and was one of the oldest practitioners of the city.

Dr. E. M. P. Ludlam.

Brother of the late Reuben Ludlam, died at his home in Chicago on February 9th at the age of 67. He was a graduate of Hahnemann Medical College, and for the first seven years of his life was associated with his brother.

Dr. E. W. Merwin.

Of Kansas City, was killed by a fanatic patient on February 9th. He was a graduate of the Chicago Homœopathic College, 1893, and at the time of his death was connected with the Kansas City Homœopathic College.

Dr. E. I. Pigford.

Wilmington, N. C., January 23d. Hahnemann Medical College, Chicago, 1880. Aet. 63. Dr. Pigford had practiced in Wilmington for twenty years.

Dr. Thomas J. Gray.

Berkeley, Cal., January 20th. Hering Medical College, 1893.

Dr. L. D. Shipman.

Minneapolis, February 5th, æt. 31. Homœopathic Department of Minnesota University, 1896. He was a member of the faculty of his Alma Mater.

Dr. George Liebrock.

Mascoutah, Ill., January 24, æt. 78. Homœopathic Medical College of Missouri, 1878.

Starr on Nervous Diseases.

Organic and Functional Nervous Diseases. By M. Allen Starr, M. D., Ph. D., LL. D., Professor of Neurology in the College of Physicians and Surgeons, New York; ex-President of the American Neurological Association and of the New York Neurological Society. Second edition, thoroughly revised. Octavo, 824 pages, with 282 engravings and 26 full page plates. Cloth, 6.60, net; leather, $7.00, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This second edition of this master work differs from the first in that it has a chapter on functional nervous diseases which the first edition lacked, and now the work is complete and embraces the entire field of neurology.

Dr. Starr is one of the chief neurologists of the country, and his work has always been a deservedly popular one, so popular that the first edition was speedily exhausted.

The present edition, besides, brings the subject to date, and diagnosis in this specialty has made great strides in the past ten years. Surgical measures have done much in nervous diseases. They seem to be a class on the borderland between medicine and surgery, and surgical achievements in this field have been especially brilliant.

It is, in sum, a fine work, and represents the latest and best in neurology.

Essentials of Obstetrics.

By Charles Jewett, M. D., Professor of Obstetrics and Gynæcology, in the Long Island College Hospital, Brooklyn, N. Y. Third edition, thoroughly revised. 12mo, 413 pages, with 80 engravings and 5 colored plates. Cloth, $2.25, net. Lea Brothers & Co., Philadelphia and New York, 1907.

What attracts one to this book at once is its handy size, excellent binding, fine type and general make-up; the fact that the printer's art has brought out in excellent relief the salient points of the subject and thereby making it an excellent book to consult and to handle. It seems to us to place the essentials of obstetrics within easy grasp of the student, and we find nothing in it (save the medical treatment, of course) that would make it an undesirable work for our homœopathic students to possess, and were we to write a work especially for the students of our school it would be just like this one with the addition of the medications for our wonderfully efficacious obstetrical remedies.

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Medical Century

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Volume XV. Number 4. APRIL 1, 1907. Postal Union, $2.50. Per Annum, $2.00.

Materia Medica.

MONROE'S MATERIA MEDICA STUDIES.

A. LEIGHT MONROE, M. D., MIAMI, FLA.

The following paragraphs are extracted from my preliminary lectures on Materia Medica.

Only those parts being used which seem to me to contain thought that is worth preserving or that helps to elucidate my plan of studying materia medica. My lectures are largely original in plan, scope and language, and have been prepared for publication because they seemed to be acceptable to many classes of medical students. There is no more trying tribunal before which a lecturer can stand than a class of students. This being the case, it seems fitting that matter which has been prepared and used solely for their benefit and found favor with them, should be made accessible to as great a number as possible.

And now a few words as to the essential qualities of a successful homœopathic prescriber. Materia medica being the goal of all medical students, to the acquisition of which we must bring our best and most mature thought, it is apparent at the onset that a sufficient knowledge of the principles can only be gained by a thorough medical education. But this is not all, for as homœopathic prescribing involves solution of many problems not hinted at in our text-books, taking cognizance as it does of mental, moral and physical peculiarities, and often giving them precedence over simple disease pictures, its mastery involves much besides straight out medical lore.

The homœopathic prescriber of the highest type is generally a good judge of human nature and a philosopher rather than a memorizer, for the exercise of philosophy and analysis brings into play much higher mental functions than the use of the memory alone, which latter means but the parrot-like acquisition of symptoms. For symptoms must be studied not only in their relation to pathology, but also to individuality, environment, histology, race peculiarities, location, time, occupation, as to modalities of aggravation and amelioration and in relation to pathology. This brings us to the study of symptoms.

Symptoms

Are subjective or objective, primary or secondary, characteristic, generic or clinical, pathognomonic or pathogenetic.

Subjective Symptoms

Are those which appear to the senses of the patient and are communicated by him. Objective symptoms are those which appeal to the senses of the physician. It is obvious, therefore, that the objective symptoms must be depended upon almost entirely in the treatment of babies and small children, and to some extent in the treatment of the ignorant and illiterate. Thus it is evident that the perfect disease picture is not always attainable, because of the difficulties in the way of securing the totality of the symptoms.

The difference between primary and secondary symptoms and the application of this difference will be sufficiently covered under the study of drug action.

A Characteristic Symptom

Is one peculiar to few drugs, sometimes one, two or three. They are the symptoms indicating and defining the drug's individuality, and taken together give us what is known as the genius of the drug.

Generic Symptoms

Are those which are not characteristic, appearing under many drugs, but essential in securing a complete drug picture, just as the sunshine and shadows and the lights and shades unnoticed in themselves complete the expression and the perspective to a beautiful landscape.

Generic symptoms are often, however, converted into characteristic symptoms by modalities of aggravation and amelioration; in other words, by the peculiarities associated with their apearance, their increase or decrease, according to rules of time, place, motion, circumstance, etc. For instance, many drugs have fever, but only Belladonna has fever which is aggravated at eleven and three P. M. Perhaps a half dozen drugs have left supra-orbital neuralgia, but only Nux and Sepia have this symptom aggravated by all sensory impressions, as light, noise, odors or contact. While Nux alone has this symptom associated with acute gastric and intestinal catarrh, Kalmia and Spigelia have the same symptoms with the modality that the pain is aggravated and ameliorated at the rising and setting of the sun, reaching its acme at noon.

Clinical Symptoms

Are those that have so often disappeared after the use of a given drug that while they are not so important as those obtained from drug proving are still of some relative value in the weighing of evidence for or against a certain drug in making a prescription.

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Pathognomonic Symptoms

Are those characterizing disease and are grouped in the physician's mind for use in diagnosis.

Pathogenetic Symptoms

Are those obtained from drug proving, and are the ones which become, when prescribing, characteristic.

THE STUDY OF SYMPTOMS.

As symptoms have to be studied from so many standpoints, it is essential that the different captions be taken up seriatim and their bearings upon the study of symptoms and their relations to successful prescribing explained.

I. Individuality.

We have found by long experience that nearly all of the polycrests seem to exert a selective action upon people of fixed mental and physical peculiarities. Or to reverse the statement, with, perhaps, equal truth, people of certain mental and physical peculiarities are peculiarly apt to present in diseases an array of symptoms suggesting certain drugs, as, for instance, the blue-eyed, light haired, tearful woman, all of whose troubles are relieved by Pulsatilla; the child of similar physique who is relieved of his croups by Bromine, Spongia or Kali bichromicum. The plethoric, full-blooded, big headed child whose acute troubles are relieved by Belladonna and whose subacute and chronic troubles are relieved by Calcarea carbonica. As the tall, scrawny woman whose circulation seems of a passive venous sort, whose dark grumous hæmorrhages are relieved by Secale. The proud, haughty woman who finds a priceless boon in Platina. The suicide maniac who is rescued from the slough of despond by the administration of gold in wonderfully minute quantities, and so on.

II. Environments.

The study of symptoms in relation to environments as distingunished from their study in relation to location or occupation should bear more upon mental and moral influence thrown around the patient, irrespective of other causes of disease as the mental depression resulting from enforced association of an uncongenial sort, as by unhappy marriages, disappointments in love, etc., which might suggest such drugs as Ignatia and Lachesis.

III. Ætiology.

Drugs should be studied in relation to their causes in the broadest possible manner, as oftentimes etiological knowledge will be the means of distinguishing between remedies which are otherwise confusingly alike. So we would think of Aconite or Hepar for the symptoms produced by colds, following dry west winds, of Rhus, Mercury and Sulphur for the symptoms resulting from cold and damp combined.

IV. Race.

Some one says give Chamomilla to the French with their excitable nervous, irritable oragnization; Sulphur to the stolid, bumpy-faced, beer-drinking German; Bryonia to the negro whose diseases so often result from the suppression of secretions, and Nux vomica to the high-strung, whisky and champagne drinking, rapid going American.

V. Location.

Epidemic and endemic diseases are peculiar to certain locations and the study of symptoms in their relation to location would probably come under the head of etiology. I give it equal prominence by way of emphasis as, for instance, the Natrum muriaticum chill appears in neighborhoods which have been disturbed by the recent turning up of earths, as from ploughing, digging foundations, etc., and diseases of different sorts are modified in their intensity by pathology and symptomatology by location, just as certain vegetables appear in their greatest perfection in some localities and vice versa.

VI. Time.

The homœopathic prescription for a disease is often modified by modalities of time as well as place. Some intermittents appear daily, others once a week, others once a month, and still others once a year. Among the most important modalities of symptoms is their time of greatest intensity. The Stannum and Natrum muriaticum chills appearing at 11 A. M. The hot flash and canine hunger of Sepia and Sulphur appearing at the same hour. The symptoms under the Belladonna fever being worse at 11 A. M. and 3 P. M., the catarrhs of the Kali salts finding the acme of their manifestation at 2 A. M. The digestive disorders of the Lycopodium patient being most distressing from 4 to 8 P. M. Those of the Carbo vegetabilis patient from 6 to 8 P. M., those of a Nux patient after a full meal, the disorders of the Lachesis patient all being at their height after sleep, the flatulent distension of the China and Lachesis being relieved by eating, while other remedies with the same symptoms usually find their aggravation on a full stomach, and so indefinitely.

VII. Occupation.

Phsicians know that certain occupations predispose to certain diseases, and we are all familiar with the stone cutter's lung, the painter's colic, the coke drawer's ophthalmia, etc. Beside this many occupations predispose to diseases and modify prescriptions.

VIII. Modalities of Aggravation and Amelioration.

Much that could be said under this caption is covered in study of time and location. But it must be remembered also that beside modalities of time and place we have modalities of many other sorts, most important of which perhaps are those of motion and its antithesis, as instance the aggravation of all symptoms from motion under Bryonia, Veratrum and Nux, the amelioration of all symptoms by motion under Rhus, by gentle motion under Ferrum, by passive motion under Chamomilla. The aggravation of all symptoms by impressions upon the special senses, as light, noise, odors and touch under Sepia and Nux, and the aggravation of all symptoms at dusk and before a thunderstorm under Phosphorus.

IX. Pathology.

As there can be no symptoms without pathology and no pathology without symptoms, it follows as a natural consequence that a thorough understanding of the symptoms of a given disease could not be obtained and an accurate prescription made without

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an intelligent understanding of presenting pathology and its relation to the symptoms present. As pathology and symptomatology stand to each other in the relation of cause and effect, pathology being the root and symptomatology being the fruit of the pathological tree, the mind should be trained to reason from one to the other, from symptoms into conditions, and from conditions back to symptoms again comprehending all that lies between as well. Thus and thus alone can the power be obtained—a power so essential in prescribing—that of weighing each symptom in the mind and giving to each its relative value. Studied in this way materia medica becomes delightful and fascinating, and more of both each day. Such a student can be compared to the artist and his mind to the canvas. As he studies each drug he is painting a picture upon his mind. At first all of these pictures look very much alike, just as all pictures do when only outlines are shown, all clouds and sky, but as the work progresses differences begin to dawn, and then to become more marked, until at last each picture is in relief, perfectly distinguishable from all others with the most important objects in the foreground, the next most important, farther back, and so on until all vanishes into space. Many of the pictures bear a strong resemblance to another or others, many of the lights and shades are alike, but to the artist each picture is an entirety, perfectly distinct in his mind from every other one.

Comparative Study.

Under this head much of practical utility can be said to the student in few words.

Our minds are so constructed that our strongest aid to memory is the faculty of comparison. As a prerequisite to comparative study of drugs it is necessary that each should become to our mind an individual with peculiarities as marked as those of human beings. All drugs have certain similarities to each other, and only by comparisons can these similarities be emphasized and differences accentuated. Beside this we succeed best in this way in pointing out family and pathological relationship and fixing in our mind the modality of aggravations and ameliorations. Thus we get at the cause of all physical and many mental symptoms in a rational way. Symptoms can be retained in our memories by comparison and association, better than in any other way. Thus we discourage the pure exercise of memory and constantly develop our analytical and philosophical powers.

Drug Action.

The action of drugs is divided into primary and secondary. It is also divided into cerebro-spinal and ganglionic. Drugs also act by increasing, decreasing, perverting or destroying function. A clear understanding of what is known as the primary and secondary action of drugs or what is called by some authors the dual action of drugs is of immense assistance to the beginner in avoiding the confusion of studying symptoms as arranged in the form followed by most of our authors. For we find symptoms and their opposites running throughout the pathogenesis of each drug. We find certain forms of diarrhœa and constipation under Sulphur, Nux, Natrum muriaticum and other drugs. We find symptoms of both stupor and intense mental and nervous irritability under Belladonna and Opium just as we find mental excitement and exhilaration resulting from small doses of alcohol and stupor resulting from large doses. A thorough study of each drug clears up this confusion to the student who keeps his dual action constantly before him. Such study should be so directed as to separate the characteristic symptoms belonging to the primary and those belonging to the secondary action of the drug in his mind. Dr. Hale advocates the use of the lower potencies to combat the primary action of the drug, and the higher to combat its secondary. Thus he would give Opium low to a case presenting symptoms of mental torpor, and high to one presenting symptoms of mental and nervous irritability, it being understood, of course, that the other symptoms in each case must call for Opium. Drugs are divided according to their action on the two great nervous systems into cerebro-spinal and ganglion centrics. As a general rule the cerebro-spinal centrics are obtained from the vegetable kingdom, and are quick and violent and evanescent in action, and are used in the treatment of acute diseases, while the ganglionics are obtained from the mineral and animal kingdoms, and their action is more profound and more enduring, attacking, as they do, the vegetative nervous system, which is the very citadel of life, exerting a destructive and far reaching effect upon nutrition. Most of the animal drugs, especialy the snake poisons and spiders quickly exercise a decomposing effect upon the blood, altering its chemistry, causing separation of its elements, local or general, by the extravasation of its liquid parts into the tissues so that they are indicated in acute, malignant diseases complicated by septic symptoms, such as diphtheria, scarlet fever, carbuncles, erysipelas, puerperal septicæmia, surgical septicæmia and diseases accompanied by dropsy. I have said that drug action decreases, increases, perverts or destroys function. The preparations of Mercury primarily increase glandular secretions, secondarily they decrease glandular secretion. Carried further the secretion of the glands become perverted, emits an offensive odor, excoriating the parts touched, and if the use of the drugs is still persisted in certain glands are destroyed by its disorganizing effects. Thus we have in the action of one drug all of the functional disturbances it is possible for any part or parts of the body to undergo. Many similar illustrations could be given as the effect of some drugs on the heart is to produce an increased strength and frequency of beat, of others a decreased frequency and strength of beat, of others to produce an irregularity or intermittency of action, of others to cause a sudden stopping of the heart entirely.

One thought on the centers of drug action. Most drugs have a grand central point of attack from which other symptoms seem to radiate, a clear understanding of which is of great assistance in acquiring a thorough knowledge of the drug as to its primary and secondary action as to which nervous system it prominently attacks, and in computing the relative importance of its symptoms. The

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grand central point of Aconite seems to be upon the heart and arterial capillaries, of Mercury upon the glands, and of Colocynth upon the muscular coat of intestines, etc. Many of the characteristic symptoms of drugs are evolved from the central point of attack of the remedy, and are so clearly related to distant symptoms that I have become accustomed to speaking of such as pivotal symptoms.

Drug Relationships.

Drugs like individuals bear certain relations to each other. They are related by family ties, they are analogous in their action to each other. They assist each other in the treatment of disease. They are unfriendly to each other, they are antidotal to each other, and they are concordant to each other.

Family Relationships.

The members of the drug family have many common qualities, just as have the members of a household who are bound by the ties of consanguinity. Very often the action of drug relatives is so much alike in certain conditions as to make it difficult to distinguish between them, as instance delirium under Belladonna, Hyoscyamus and Stramonium. Some families have certain important symptoms which appear under each individual of the group, as instance the croup with tendency to formation of false membranes, found under all of the halogens, the gushing, watery, morning diarrhœa of the natrum salts. The catarrhal symptoms of the potash salts. The destructive effect upon the chemistry of secretion with spasmodic tendencies of the metals and so on.

Complementaries.

Drugs are complementary when they assist each other in the treatment of disease. What you might call clinical cronies; for instance, Nux, Sulphur, Calcarea and Lycopodium often follow each other in the treatment of chronic diseases, and in the order named, each one taking up the case where the other left off, and doing his part in the work of reconstruction. Many complementary drugs are also concordant. Concordant drugs being dissimilar in origin but similar in action, and following each other well. Lachesis and Lycopodium being fair samples of concordant drugs, standing in the triple relation to each other of complements, concordants and analogues. It being true, as a general rule, that drugs of the same family do not follow each other so well as those of different origin.

Analogues.

Might be inferred from what I have just said are drugs which have a similar action and have to be distinguished between in prescribing.

Inimicals.

Drugs are inimical or unfriendly when they follow each other so badly that the use of the one after the other produces an aggravation. Samples of inimical drugs are Rhus and Apis, Causticum and Phosphorus, Nux and Zinc, Silicea and Mercury.

Antidotal Drugs.

Are those drugs which counteract or modify each other's action, as Nux and Coffee, Belladonna and Opium, Bryonia and Rhus.

The Polychrests and Monochrests.

As a preliminary to beginning the treatment of drugs the student's attention should be called to the fact that while comparatively few drugs are extensively treated, one or more polychrests of each group are selected for careful study and the related remdies treated by comparison. A polychrest is a many sided one that is extensively employed in practice, and it is very easy by careful indexing to locate the less important drugs which are conveniently treated in connection with some more eminent brother.

REPORT OF THE DEPARTMENT OF DRUG PATHOGENESY OF THE UNIVERSITY OF MICHIGAN HOMŒOPATHIC COLLEGE.

BY C. A. BURRETT, M. D., ANN ARBOR, MICH., DIRECTOR OF LABORATORY OF DRUG PATHOGENESY.

Further Provings of Copaiba Officinalis.

In the work of carrying on drug proving it is our purpose constantly to endeavor to improve our technique, to take advantage of the methods used in previous provings, to court suggestions and accept with thanks all criticism that we may more nearly approach a perfect method of conducting drug provings on the healthy individual.

The provings thus far carried on this college year have been entered into somewhat more in detail than those of last year; at the same time we have continued those practices which proved valuable in the former provings.

We wish to emphasize the importance of the "Provers' table" at the hospital, by which we are enabled to know the exact quantity and quality of food the provers eat, and to be able to have the advantage of regularity in eating. It is to bbe understood that the provers' diet during the proving is not changed only to the extent of refusing such foods as would in themselves produce or have a tendency to produce symptoms. The prover is not limited in quantity or quality within the range of plain food. Being assured that we are not bringing the experimenter into abnormal surroundings, the provers' table has the advantage of making it possible for us to weigh all the food eaten and calculate the food value in calories according to the United Ctates Government Report (Bulletin No. 28). The method for carrying out this plan is to weigh the portions of each food and dishes for each person before they are taken to the dining room, then weigh the food and dishes when again taken to the kitchen, and the difference gives the amount of food eaten sufficiently accurate for clinical purposes. We appreciate that owing to variations in food preparations that the food values are not always the same, but the difference is not great enough to materially change our clinical picture.

It has been undertaken in these provings to make quantitative examinations of the solids of the urine, namely, the total solids, urea, chlorides, phosphates and sulphates with the aim to detect, if present, any changes which the drug might produce in the body elimination. The method employed has been Purdy's centrifuge method. We do not claim that it is so delicate as the tritation methods, however, changes in the solids that would be of value as

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symptoms would be very readily noted. The centrifuge method further offers something to the clinician, because of the possibility of being able to make such quantitative tests in a very short time.

Blood examinations have been made in each prover. We have not made the examinations often as we can hardly be expected to give enough of a drug to produce material blood changes. Such experimental work can be carried on with animals. We hope to be able to report the action of Copaiba on animals at a later date.

We believe there is much to be gained by having the drug administered to the prover by a second party. It is our practice to detail a nurse whose duty it is to administer the drug at the regular time, and to note the dose and the time. This practice has the advantages of insuring accuracy as to the amount of the drug taken and the exact time of each dose. It further prevents the prover from knowing or trying to find out the drug he is taking or the strength of the preparation.

The drug for this proving was administered in capsules. The form of administration in each proving depends to some extent on the drug given, however, in any event giving in capsules has the advantage of preventing the prover detecting the drug. The writer is further of the opinion that when a tincture is taken directly in the mouth without any protective that local symptoms may be produced as a result of contact which may be misleading. If it is desired to know such local symptoms a few doses may be given for that purpose.

During the time that the drug is being given the prover attends to his duties as before the proving unless symptoms are produced which prevent. It might be difficult to carry on a proving, having the prover in his normal surroundings and occupation with any other class of provers than students. Should it be desired to hire provers unless their business were convenient it would be necessary to change their mode of living, and thus bring in an abnormal factor in their proving. Students as provers have the further advantage of having a high degree of intellect which makes it possible for them to be able to express their symptoms in a highly intelligent manner. We believe the long train of mental symptoms frequently recorded in provings is often due to fear of the drug taken, whereas the provings made by medical students that fear does not influence the proving to such a degree.

In recording these provings each day's record is copied from the day book of the provers, to which is added the preparation and dose of the drug, amount and unit value of the food taken, and the urinalysis. From such a record the reader is at once able to see the complete day picture. From this record the symptoms are classified.

Record of Preliminary Physical Examination.

Prover Number Twelve.—Oceober 26, 1906. Age, 24; female, occupation, student; nationality, American; residence, Ann Arbor, Mich. Family history: Father living. Has had a chronic bronchitis for years. Varicose veins of the legs and feet. Mother living and well. Two sisters and one brother, all well. Personal history: Strong constitution. Nervo-bilious temperament. Has had measles, mumps, la grippe two different times, the last time six months ago when lost twenty-five pounds; have fully recovered. Subject to catarrhal affections of the head. Began to menstruate when thirteen years old. The period is from four to six weeks, but more apt to be five or six weeks. Always feel perfectly well during menstruation. The flow lasting four or five days. Personal description: Height, 5 feet 7½ inches; weight, 135 pounds; general physical appearance, tall and slender; bust measure, 35 inches; respiratory murmur clear; pulse, not strong, rapid, regular (98 per minute); eyes, blue; glasses are worn for hyperopic-astigmia (mother has nystagmus); there is some palpebral congestion; pupils active to light; prover has headache from reading without glasses; hair, brown, very little dandruff, oily; ears, not defective; hearing distance, 60 inches; nose and throat, a post-nasal catarrhal condition; complexion, dark; blood, hæmoglobin, 90 per cent; corpuscles, red, 4.070,000; white, 10,000; urine, amount in twenty-four hours, 850 c.c.; color, straw; sediment, none; sp. gr., 1.029; total solids, 57.43 grams; urea, 25.5 grams; chlorides, 11.13 grams; phosphates, 6.33 grams; sulphates, 6 grams. (Purdy's centrifuge method); appetite, good. Prover drinks neither tea nor coffee.

A Report of the Daily Record of the Prover, Preparation and Dose of Drug, Amount and Unit Value of the Food Taken, and Urinalysis.

November 1, 1906, drug, 4x dilution, 5 gtts capsule taken at 8:25 A. M., 1:30 P. M., 6:45 P. M.

Symptoms.—From 10:15 until noon belching of tasteless gas, which would scarcely have occasioned comment under ordinary circumstances. (Unit value of food not recorded until November 3.)

November 2, 1906, drug, 3x dilution, 5 gtts capsule taken at 8:30 A. M.

Symptoms.—5:30 awakened, slept again until 6:45 A. M. Seven A. M., urination and difficult passage of formed stool, which was white clay color and composed of hard balls (size of large marbles) of doughy consistency. Soreness about anus after passage. 8:15 large, unformed clay colored stool. (The prover feels that this eccentric defecation was probably due to a late lunch rather than drug.)

November 3, drug, 3x dil., 5 gtts capsule. 8:40 A. M., 1:30 P. M., 6:20 P. M.

Symptoms.—Stool still consists of peculiar hard, doughy balls described yesterday. Stool passed without difficulty. Glass and a half of water away from prover's table.

November 4, drug, 3x dil., 5 gtts capsule, 8:20 A. M., 1 P. M., 6 P. M.

Symptoms.—Stool more difficult, formed, hard, packed in balls. Natural color but contained dark blotches, which looked like moist tea leaves, but were apparently undigested meat. Sphincter rigid. Half glass of water away from prover's table.

Urinalysis.—Amount twenty-four hours, 740 c.c.; color, cloudy straw; total solids, 50 gms; urea, 26.64; chlorides, 5.99 gms; phosphates, 3.66 gms; sulphates, 3.89 gms.

November 5, drug, θ 5 gtts capsule, 9 A. M., 1:05 P. M. and 6:30 P. M. Fæces soft, yellow, formed.

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After dinner heavy feeling in head. Feel sleepy. Two glasses of water away from table.

Urinalysis.—Amount twenty-four hours, 685 c.c.; color, cloudy amber; total solids, 35.12 gms; urea, 18.49 gms; chlorides, 8.31 gms; phosphates, 3.66 gms; sulphates, 3.98 gms.

November 6, drug, 1x dilution of the balsam, 10 gtts capsule, 9:00 A. M., 1:05 P. M., 6:15 P. M.

Symptoms.—Stool hard, resisting as on some of the previous days, but no undigested particles; frequent sneezing during the day, watery coryza, aching and soreness in throat, also hoarseness.

Urinalysis.—Amount twenty-four hours, 675 c.c.; color, straw; total solids, 49.16 gms; urea, 23.62 gms; chlorides, 10.05 gms; phosphates, 5.04 gms; sulphates, 4.83 gms.

November 7, drug, 1x dilution of the balsam, 10 gtts capsule, 8:30 A. M., 1:15 P. M., 6:35 P. M.

Symptoms.—Occasional sneezing during the morning. Free perspiration. Thin mucous discharge from left nostril. Irritation and aching in throat, particularly on left side. Slight frontal headache. Smarting of eyes, especially the left. Aching both sides of chest. Drank two and one-half glasses of water away from table.

Urinalysis.—Amount twenty-four hours, 8.30 c.c., color, amber; total solids, 44.49 gms; urea, 21.5 gms; chlorides, 11.31 gms; phosphates, 6.18 gms; sulphates, 2.97 gms.

November 8, drug, 1x dilution of the balsam, 15 gtts capsule, 8:30 A. M., 3:00 P. M., 6:15 P. M.

Symptoms.—Throughout the day sneezing at intervals. Tired feeling. Thin mucous discharge from anterior nares and same dropping from postnares. Difficulty in breathing. Irritation in pharynx. Hoarseness. Hurts throat to talk. Soreness and aching in chest down to lower border of ribs. Extreme hunger before meals, easily satisfied. All symptoms and spirits relieved by eating. Perspiration. One glass of water.

Urinalysis.—Amount twenty-four hours, 675 c.c.; color, cloudy straw; total solids, 39.31 gms; urea, 20 gms; chlorides, 9.58 gms.

November 9 drug, 1x dilution of the balsam, 15 gtts capsule, 1:20 P. M.

Symptoms.—Aching and nausea in gastric region on awaking. Nasal discharge less. Soreness and dryness of the throat. Hoarseness increased. Occasional sneezing and dry cough. Tired feeling.

November 10, drug, 1x dilution of the balsam, 20 gtts capsule, 8:55 A. M., 1 P. M., 6 P. M.

Symptoms.—Awoke about 6 o'clock and felt great dryness of throat and extreme hoarseness. Soreness in larynx, which gradually subsided towards noon, but hoarseness remained. About 11 o'clock dull frontal headache began. Hungry before dinner. Food tasted good, but soon afterwards nauseated feeling (within half an hour). Headache continued. Throughout the afternoon troubled with cough, which was loose and effected in bringing up greenish mucus. Soreness in chest. Headache diminished and ceased altogether by supper time. Relieved by lying down.

Urinalysis.—Amount twenty-four hours, 960 c.c; color, clear, straw. Total solids, 62.63 gms; urea, 27.84 gms; chlorides, 11.67 gms; phosphates, 5.67 gms; sulphates, 4.59 gms.

November 11, drug, 1x dilution of the balsam, 20 gtts capsule, 1:45 P. M., 6 P. M.

Symptoms.—Awakened with slight dull frontal headache; dull feeling all over head, also slight nausea in early morning. Early morning brought up greenish yellow mucus. Muco-purulent discharge from nose just at first until nose was freed, then glassy mucus as before. Irritation in throat and chest. Still hoarse. Stool soft, yellow, and contained undigested particles. Throughout morning dull frontal headache, which disappeared toward noon. Occasional cough with glassy mucous expectoration. Mucous discharge from nose. Hoarseness less at night. Dull feeling in head in the evening but no decided headache. Cough and hoarseness less in the evening, but throat feels irritated.

Urinalysis.—Amount twenty-four hours, 1350 c.c.; color, straw; total solids, 66.05 gms; urea, 28.35 gms; chlorides (not estimated); phosphates, 5.1 gms; sulphates, 4.81 gms.

November 12, drug, 1x dilution of the balsam, 25 gtts capsules, 1:45 P. M., 9 P. M.

Symptoms.—Awakened feeling better than on previous morning. Some coughing after arising, with greenish, yellow expectoration. Slight mucous discharge from nose. Hoarseness somewhat diminished. Dull frontal headache throughout morning. Still cough and hoarseness. Frontal headache all the afternoon. Tired feeling. Occasional cough. Parched, dry, blistered feeling in throat. Irritation and tickling sensation in larynx. Hoarseness continues. Drank two glasses of water away from table.

Urinalysis.—Amount twenty-four hours, 900 c.c.; color, straw; total solids, 54.52 gms; urea, 27 gms; chlorides, 14.58 gms; phosphates, 5.31 gms; sulphates, 4.81 gms.

November 13, drug, 1x dilution of the balsam, 25 gtts capsules, 8:45 A. M., 1.45 P. M.

Symptoms.—Did not feel like getting up on awaking. Arose at 7 A. M. feeling tired and exhausted. Stool yellow and as previous morning. Cough with glassy mucous expectoration. Mucous discharge from nose. Hoarseness. Tired feeling and hoarseness combined with dull frontal headache continued all the morning. Dull aching in lower abdominal region in the evening.

Urinalysis.—Amount twenty-four hours, 1560 c.c.; color, straw; total solids, 65.42 gms; urea, 30.80 gms; chlorides, 18.27 gms; phosphates, 9.27 gms; sulphates, 5.58 gms.

November 14, drug. A placebo was given 8 A. M., 1:45 P. M., 6:15 P. M.

Symptoms.—Wakened feeling pretty well. Some coughing on arising, bringing up usual mucus. Some coughing during morning, at times dry, at other times effectual in bringing up glassy mucus. Some discharge from nose. Hoarseness. Slight dullness in frontal region and temples all morning. Eyes watery. Tickling sensation in throat provoking cough. Dry sensation in roof of mouth. Cough diminished in afternoon. No headache. In the evening soreness over sternum on pressure, also for

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about four inches below the sternum and along the border of the ribs on either side.

Urinalysis.—Amount twenty-four hours, 1025 c.c.; color, dark straw and flocculent; total solids, 62.09 gms; urea. 35.87 gms; chlorides, 16 gms; phosphates, 5.01 gms; sulphates, 4.25 gms.

November 15, drug. A placebo was given 8:15 A. M., 2 P. M., 6:45 P. M.

Symptoms.—Awakened feeling better than on previous mornings. Tired feeling gone, less cough and expectoration, less hoarseness. Still some soreness over sternum and in region of stomach as observed yesterday. Stool formed and dark in color, apparently normal. No symptoms during morning except occasional cough, which does not irritate, for the most part dry. Noticed smarting and soreness in epigastric region after 7 o'clock. Stuffy sensation in nose. Parched sensation in throat. Slight soreness on pressure all over abdomen.

Urinalysis.—Amount twenty-four hours, 1150 c.c.; color, straw; total solids, 72.34 gms; urea, 33.35 gms; chlorides, 11.67 gms; phosphates. 7.92 gms; sulphates, 6.6 gms.

November 16, drug. A placebo was given, 1:45 P. M.

Symptoms.—Awakened feeling better than on previous days. Still abdominal soreness as before, especially in triangle below sternum. Stool seemed normal, although a little yellow and unformed. No further symptoms. Cough gone.

Urinalysis.—Amount twenty-four hours, 935 c.c.; color, straw; total solids, 87.14 gms; urea, 27.54 gms; chlorides, 13.18 gms; phosphates, 5.2 gms; sulphates, 4.98 gms.

November 17, drug. 1x dilution of the balsam, 30 gtts capsules, 1:10 P. M.

Symptoms.—Awakened feeling apparently well. Less soreness in abdomen. Some hoarseness and mucous discharge from nose remains. In the evening frontal headache developed. Stuffiness in nose. Parched throat.

Urinalysis.—Amount twenty-four hours, 950 c.c.; color, cloudy, straw; total solids, 64.19 gms; urea, 36 gms; chlorides, 13.42 gms; phosphates. 5.61 gms; sulphates, 4.63 gms.

November 18, drug, 1x dilution of the balsam, 30 gtts capsules, 8:20 A. M., 1 P. M., 6:15 P. M.

Symptoms.—Awakened feeling well as usual. Nightmare in the night. Troubled in afternoon and evening with dry, hoarse cough, which caused irritation and soreness in the chest. Hurts to cough. Hoarseness increasing. Tenderness in abdomen has entirely disappeared.

Urinalysis.—Amount twenty-four hours, 1075 c.c.; color, amber, flocculent; total solids. 60.11 gms; urea, 33.32 gms; chlorides, 12.10 gms; phosphates, 5 gms; sulphates, 6.33 gms.

November 19, drug. 1x dilution of the balsam, 30 gtts, 8:30 A. M., 1:30 P. M., 6:15 P. M.

Symptoms.—Awakened with empty feeling in stomach and nausea, which disappeared after getting up. Passed soft, yellow stool. About 10 o'clock A. M. pain developed in supraorbital region and back of eyes. Eyes smarting. Headache continued. Between one and two o'clock vertigo, which passed away after a few minutes. Headache was relieved with vertigo. Same headache returned soon after supper accompanied by nausea.

Urinalysis.—Amount twenty-four hours, 890 c.c.; color, straw, flocculent; total solids, 66.35 gms; urea, 32.04 gms; chlorides, 13.83 gms; phosphates, 2.07 gms; sulphates, 5.56 gms.

November 20, drug, 1x dilution of the balsam, 30 gtts, 9:45 A. M., 1:15 P. M.

Symptoms.—Awakened at 6:45 A. M. with memories of bad dreams. Some tenderness in abdomen, especially in gastric region. Hoarseness. Stuffiness in the nose. All day after 8 o'clock in the morning bothered with pain in supraorbital region and left temple and back of eyes, at times smarting of eyes and nausea.

Urinalysis.—Amount twenty-four hours, 1000 c.c.; color, dark straw; total solids, 67.57 gms; urea, 36 gms; chlorides, 12.15 gms; phosphates. 6.24 gms; sulphates, 5.91 gms.

November 21, drug, 1x dilution of the balsam, 30 gtts, 8:15 A. M.

Symptoms.—Awakened feeling better than on previous day. Persistence of hoarseness and mucous expectoration. Stool, yellow and formed. Condition improved all day. Throat sore and parched at night.

Urinalysis.—Amount twenty-four hours, 800 c.c.; color, dark straw; total solids, 54.05 gms; urea, 32 gms; chlorides, 12.94 gms; phosphates, 5.51 gms; sulphates, 5.72 gms.

November 22, drug discontinued.

Symptoms.—Continued improvement.

November 23.

Symptoms.—Awakened feeling well. Hoarseness much diminished. Still a feeling of some stuffiness of nose. No morning expectoration. Stool normal.

About 8 o'clock menstrual flow began. (Three or four days early.) There were no prodromal symptoms, and prover felt well as usual until about 9 o'clock when aching began over public bone, worse on the left side. Then within an hour decided nausea developed accompanied by sweat followed by chills, and the pain began to radiate obliquely upward along the innominate bone as far as the anterior superior spine of the ilium; worse on the left side. It seemed aggravated by standing and moving about, but no particular relief was afforded by sitting down or pressure. A feeling of soreness and especially stiffness was noticed. This continued to increase until 11:30 A. M., when prover went to her room, lay down on the couch and went to sleep. There was no desire to eat and even repugnance for food. The pain was commencing to radiate all over the abdomen. Awakened at 1:20 P. M. Smarting of eyes and eyelids. Pelvic pain entirely relieved. Soreness upon pressure along the edges of the innominate bone worse on left side. The menstrual discharge was dark and profuse from the beginning; odor strong. During the afternoon there was aching and pain from time to time, but no repetition of severe attack of the morning.

November 24.—Symptoms.—Aching and soreness disappeared but feeling of lassitude remained. No appetite for breakfast and dinner, but ate both meals. Feeling of nausea all day. Appetite for

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supper and no return of symptoms. Flow very profuse.

November 25. Flow still profuse. No further symptoms.

November 26. No especial symptoms. Flow was irritating to pudenda, and caused prostration and weakness.

Throughout the proving prover experienced dullness of perception and dull feeling of the head. Eructations of gas after meals. Sluggishness of thought. Difficulty in articulation.

FRIDAY, NOVEMBER 3, 1906.

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	.65	123.50	.....	134.15
Bread	31.42	12.50	214.17	258.08
Corn	10.19	8.21	62.26	80.66
Meat	.....	.....	.....	24.68
Potato	15.78	1.63	132.74	150.14
Rice	11.32	1.03	97.76	110.10
Milk	69.52	13.90	104.28	187.7

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	24.02	9.56	163.76	197.34
Meat	238.05	305.31	.....	543.36
Butter	.52	98.34	.....	98.87
Milk	34.76	6.95	52.14	93.85
Prunes	8.27	.....	299.93	308.20
Potatoes	9.07	.94	76.32	86.33

NOVEMBER 4, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream of wheat	38.13	13.52	308.13	359.77+
Toast	13.	31.38	98.35	142.74—
Butter	.25	46.45	.....	46.70
Eggs	51.35	100.80	.....	152.15
Milk	28.	5.6	42.	75.6
Banana	3.95	4.22	67.75	75.92
Cream	17.4	295.8	31.8	344.

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	20.41	8.12	139.16	167.70—
Butter	.52	98.70	.....	99.22
Celery	1.09	.25	3.28	4.63—
Fish	22.30	16.91	.....	39.21
Milk	24.15	208.55	39.55	271.25
Potatoes	5.12	.53	43.09	48.74
Tomatoes	4.86	1.73	16.30	22.89
Apple (baked)	1.29	2.80	61.06	65.15

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	21.59	8.59	147.15	177.32+
Butter	.76	143.89	.....	144.65
Eggs	55.11	108.19	.....	163.30
Meat	.....	.....	.....	58.59
Milk	48.	9.6	72.	129.6
Potato	8.96	.93	75.40	85.28+
Baked apple	3.83	8.30	181.35	193.49—

NOVEMBER 5, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	2.16	40.79	.....	42.95
Toast	9.53	22.99	72.06	104.58
Milk	28.	5.6	42.	75.6
Cream	11.6	197.2	21.2	230.
Oatmeal	2.03	4.40	44.36	50.79
Meat (ham)	.....	.....	.....	90.74
Eggs	84.11	133.996	.....	218.106

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	28.	5.6	42.	75.6
Cream	11.6	197.2	21.2	230.
Butter	.53	100.38	.....	100.91
Lima beans	21.60	3.68	.....	32.17
Meat Hamburg)	.....	.....	.....	157.5
Potato	12.12	1.25	.....	101.22
Bread	23.72	9.44	161.67	194.83
Baked apple	1.58	3.42	74.69	79.69
Lemon pudding	.....	.....	93.28	93.28

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	.56	106.05	.....	106.61
Milk	28.	5.6	42.	75.6
Milk	.....	.....	.....	.....
Apple sauce	1.82	4.72	86.36	92.90
Corn bread	33.63	48.66	205.71	288.00
Fried potatoes	.....	.....	.....	395.05
Oysters	.....	.....	.....	18.20

NOVEMBER 6, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Eggs	90.998	144.97	.....	235.968
Bananas	3.48	3.72	144.97	152.17
Butter	.47	88.37	.....	88.84
Milk	20.	4.	30.	54.
Cream	11.6	197.2	21.2	230.
Toast	26.56	64.08	200.85	291.49
Oatmeal	15.63	5.65	56.89	78.17

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Sirloin steak	.....	.....	.....	185.94
Mashed potatoes	11.86	31.624	82.22	125.704
Bread	24.95	9.93	170.10	204.98
Butter	.48	91.32	.....	91.80
Corn	.87	.70	5.35	6.92
Bread pudding	4.31	34.62	94.28	133.21
Milk	12.	2.4	18.	32.4
Cream	11.6	197.2	21.2	230.

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	14.09	5.65	96.75	116.49
Butter	.60	112.39	.....	112.99
Baked potatoes	8.94	1.05	76.007	85.997
Cranberry sauce	.81	2.96	93.37	97.14
Milk	28.	5.6	42.	75.6
Toast	16.19	39.05	122.40	177.64

NOVEMBER 7, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.7	147.9	15.9	172.5
Milk	28.	5.6	42.	75.6
Pear	1.60	2.97	37.67	42.24
Cranberry sauce	.65	2.37	76.33	79.35
Butter	.20	38.52	.....	38.72
Creamed dried beef	.....	.....	.....	101.88
Toast	10.21	24.64	77.34	112.19
Cream of wheat	3.19	1.13	25.78	30.10

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.7	147.9	15.9	172.5
Milk	16.	3.2	24.	43.2
Butter	.92	174.48	.....	175.40
Custard	31.79	15.90	118.80	166.49
Bread	20.27	8.07	138.21	166.55
Squash	7.34	10.09	73.38	90.81
Potato (boiled)	2.65	.27	22.28	25.20
Beef stew	.....	.....	.....	348.60

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Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	20.3	345.1	37.1	402.5
Milk	12.	2.4	18.	32.4
Butter	.40	76.14	.....	76.54
Creamed potatoes.	8.25	22.	57.20	87.45
Bread	15.	5.97	102.26	122.23
Apple sauce	1.91	4.97	91.06	97.94
Corn meal mush ..	13.44	2.40	115.68	131.52
Sweet potatoes ..	10.79	17.26	151.38	179.43

NOVEMBER 8, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Apple	2.02	5.25	66.998	74.268
Butter	.18	33.99	.....	34.17
Cream	10.25	167.55	18.55	151.25
Milk	24.	4.8	36.	64.8
Toast	8.01	19.33	60.60	87.94
Oatmeal	16.37	5.91	59.55	81.83
Ham	.....	.....	.....	642.01
Eggs	38.66	61.59	.....	100.25

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	14.5	246.5	26.5	287.5
Milk	16.	3.2	24.	43.2
Bread	20.74	8.25	141.38	170.37
Apple tapioca	.....	.....	.....	137.00
Butter	.50	93.59	.....	94.09
Roast beef	.....	.....	.....	212.93
Boiled potatoes ..	8.06	.83	67.83	76.72
Stewed tomatoes .	3.58	1.28	12.01	16.87

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Escalloped potatoes.	.....	.....	.....	78.90
Cranberry sauce .	.99	1.62	116.90	121.51
Oysters (raw) ..	.....	.....	.....	37.32
Butter	.53	99.70	.....	100.23
Bread	22.88	9.10	155.96	187.94
Cream	11.97	204.6	218.88	238.45
Milk	16.	3.2	24.	43.2

NOVEMBER 9, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Toast	26.63	64.24	201.34	292.21
Butter	.83	156.35	.....	157.18
Baked potatoes ..	50.23	5.91	426.94	483.08
Oatmeal	13.67	4.93	49.73	68.33
Poached eggs	73.72	117.45	.....	191.17
Cream	5.6	98.6	10.6	165.00
Milk	28.	5.6	42.	75.6

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	20.3	335.1	37.1	302.5
Milk	16.	3.2	24.	43.2
Butter	.62	117.83	.....	118.45
Tapioca (apple) ..	.....	.....	.....	84.44
Bread	18.51	7.36	126.17	152.04
Baked trout	.....	.....	.....	103.26
Dressing	126.29	230.78	.....	357.07
Boiled potatoes ..	10.30	1.07	86.62	97.99

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	2.8	49.8	5.3	82.5
Milk	24.	4.8	36.	64.8
Butter	.47	89.05	.....	89.52
Bread	5.30	2.11	36.14	43.55
Prunes	7.00	.....	239.40	246.40
Lemon pudding...	.....	.....	171.19	171.19
Salmon	.....	.....	.....	237.10
Baked potatoes ..	16.95	1.99	144.10	163.04

NOVEMBER 10, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.97	204.6	218.88	238.45
Milk	24.	4.8	36.	64.8
Toast	27.70	66.83	209.47	304.00
Butter	.75	141.17	.....	141.92
Flakes	5.83	.76	49.30	55.89
Poached eggs	49.97	79.61	.....	129.58
Stewed meat gravy.	.....	.....	.....	54.88

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	17.11	6.81	116.66	140.58
Cream	14.5	246.5	26.5	287.5
Milk	16.	3.2	24.	43.2
Butter	.56	106.50	.....	107.06
Boiled rice	14.50	1.32	125.20	141.02
Corn	10.12	8.15	61.82	80.09
Boiled potatoes ..	10.93	1.12	91.16	103.21
Meat	.....	.....	.....	97.20

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	.50	95.17	.....	95.67
Milk	48.	9.6	72.	129.6
Sweet potatoes ..	26.99	43.18	378.56	448.73
Cold roast beef ..	.....	.....	.....	125.55
Poached eggs	69.96	111.45	.....	181.41
Strawberry jam ..	.70	.77	107.68	109.15
Bread	20.74	8.25	141.38	170.37

NOVEMBER 11, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.99	152.83	16.43	178.25
Milk	31.6	63.2	47.4	85.32
Butter	.564	106.5	.....	107.06
Toast	.23	3.2	122.4	148.6
Banana	4.238	1.956	71.72	77.9
Cream of wheat ..	89.76	31.82	725.43	847.01
Fried egg	76.38	131.36	14.384	222.128

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	14.96	254.38	17.34	286.68
Milk	8.68	1.73	13.02	23.43
Butter	.756	142.758	.....	143.514
Bread	22.692	9.028	154.696	186.416
Chicken stew	.....	.....	.....	336.42
Mashed potatoes ..	29.01	77.36	201.136	307.506
Peas	17.004	19.83	38.15	74.984
Vanilla ice cream..	50.996	25.49	188.56	265.04

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	52.16	10.43	78.24	140.83
Butter	.963	181.95	.....	182.92
Bread	25.38	10.10	173.08	208.56
Baked potatoes ..	24.78	2.91	210.68	238.37
Creamed dried beef.	.....	.....	.....	162.90
Lemon corn starch pudding	.....	.....	.....	47.9

NOVEMBER 12, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	20.64	4.12	30.9	55.72
Cream	18.72	321.43	34.55	374.7
Toast	20.19	2.69	107.53	130.41
Butter	.45	85.2	.....	85.65
Oatmeal	11.88	4.68	48.24	64.8
Ham	.....	.....	.....	131.54
Poached egg	67.32	107.26	.....	174.58

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Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	35.96	611.32	65.72	713.00
Butter	6.5	125.72	.....	126.37
Bread	30.78	12.24	209.85	252.87
Boiled potatoes ..	10.55	1.09	88.81	100.45
Hamburg steak ..	.....	.....	.....	148.57
Lima beans	21.94	3.73	79.39	105.06

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	30.03	12.05	204.78	246.86
Butter	.98	185.81	.....	185.79
Bananas	3.48	1.6	58.96	66.04
Milk	30.4	6.08	45.6	82.08
Cream	8.99	152.83	16.43	178.25
Salmon	.....	.....	.....	126.41
Baked potatoes ..	17.	2.01	145.36	164.37

NOVEMBER 13, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream of wheat..	37.07	13.14	299.59	349.80
Toast	22.64	3.13	120.56	146.32
Butter	.62	117.83	.....	118.45
Creamed dried beef.	.....	.....	.....	102.9
Fried ham	.....	.....	.....	74.94
Eggs	35.76	56.98	.....	92.74
Cream	14.5	226.5	26.5	267.5
Milk	16.	3.2	24.0	43.2

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	3.2	135.96	.....	139.16
Bread	34.41	13.69	234.58	282.68
Roast beef	.....	.....	.....	47.6
Boiled potatoes...	12.23	12.60	102.96	102.69
Succotash	27.3	16.9	141.05	185.25
Apple	2.47	6.34	82.17	90.89
Cream	269.7	4584.90	492.9	5347.5

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	89.9	152.83	16.43	178.25
Milk	43.46	86.9	65.12	586.8
Butter	.74	140.49	.....	141.23
Prunes	37.33	.....	1162.8	1200.13
Bread	28.64	11.39	195.27	235.3
Fried potatoes	9.	24.	62.4	95.4
Boiled rice	14.09	1.28	121.69	137.06

NOVEMBER 14, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	59.9	101.88	10.98	118.16
Milk	43.46	8.69	65.53	117.69
Butter	.33	81.57	.....	81.9
Toast	21.01	2.90	111.87	135.78
Bacon	.....	.....	.....	52.89
Cream of wheat ..	77.	27.3	622.3	726.6
Poached egg	80.41	127.79	.....	207.2
Prunes	.65	.....	22.23	22.88

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	14.98	254.7	27.38	297.08
Milk	34.77	6.95	5.21	46.94
Butter	.67	126.89	.....	127.56
Steak	.....	.....	.....	184.8
Potatoes	14.67	1.51	123.46	139.64
Tomatoes, stewed.	4.28	1.53	14.39	20.19
Bread	23.52	9.36	160.4	193.28

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.98	19.72	21.2	230.55
Milk	28.10	5.93	42.16	75.87
Bread	22.25	9.25	158.5	190.5
Butter	.67	126.76	.....	127.43
Blueberries	1.88	14.97	35.53	52.38
Celery	1.43	.33	4.32	6.08
Steak (broiled).	.....	.....	.....	183.75

NOVEMBER 15, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	5.99	101.55	10.98	118.5
Milk	21.73	4.34	32.6	58.34
Butter	.60	113.30	.....	113.9
Toast	23.97	.77	127.62	152.36
Bacon	.....	.....	.....	120.22
Fried egg	110.88	190.80	20.88	322.56
Oatmeal	14.78	58.24	60.03	133.05

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	21.94	8.73	149.62	180.29
Butter	.76	145.02	.....	145.78
Baked squash	2.51	3.45	25.12	31.08
Potatoes	149.57	1.83	17.77	169.17
Sirloin steak	.....	.....	.....	127.52
Milk	26.08	5.21	39.12	70.416
Cream	11.98	203.77	21.9	237.33

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	27.06	10.76	184.49	222.31
Butter	.54	101.97	.....	102.51
Cranberries	1.14	4.20	212.01	217.35
Sweet potato	7.0	11.2	98.2	116.4
Cream	2.99	50.94	5.47	59.41
Milk	47.81	95.62	71.72	215.16
Chicken broth ...	.....	.....	.....	49.6

NOVEMBER 16, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	14.96	144.38	27.34	286.68
Milk	30.4	6.08	45.60	82.08
Butter	.45	86.10	.....	86.55
Toast	14.99	2.07	79.83	96.89
Bacon	.....	.....	.....	120.22
Baked potatoes ...	13.56	1.59	115.31	130.46
Oatmeal	10.29	4.05	41.80	56.14

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.97	203.60	21.88	237.45
Milk	26.08	5.21	39.12	70.41
Butter	.44	83.84	.....	84.28
Bread	27.90	11.10	190.20	229.20
Tomatoes, stewed.	5.96	1.7	16.28	23.94
Steak	.....	.....	.....	113.4
Boiled potatoes ..	13.77	1.42	115.90	131.09
Boiled rice	15.08	1.37	130.24	146.69

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	26.08	5.21	39.12	70.41
Cream	11.97	203.60	21.88	237.45
Sweet potatoes ..	11.93	19.19	167.43	198.55
Butter	.84	158.62	.....	159.46
Bread	33.75	13.43	230.14	277.32
Apple sauce	22.70	5.90	108.05	136.65
Steak	.....	.....	.....	189.52

NOVEMBER 17, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	17.98	205.66	32.86	356.50
Milk	30.28	6.05	45.42	81.75
Toast	11.62	1.60	61.91	75.13
Oatmeal	3.06	5.14	53.06	61.26
Ham	.....	.....	.....	165.56
Butter	.33	63.44	.....	63.77

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Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	7.40	127.19	13.67	148.26
Milk	39.12	7.82	58.68	105.62
Butter	1.16	210.73	.....	211.89
Bread	2.70	10.76	184.49	197.95
Roast veal		.....	.....	129.88
Boiled potatoes ..	11.77	1.21	99.06	112.04
Peas	23.24	27.11	52.15	102.50

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	5.97	101.55	10.91	118.43
Milk	43.44	8.68	65.16	117.28
Bread	27.9	11.1	190.2	229.2
Butter	.93	176.74	.....	177.57
Baked potatoes ..	18.07	2.24	162.02	187.02
Corn meal mush..	13.18	2.35	113.51	129.04
Apple sauce	1.83	4.75	105.40	111.98
Celery	1.01	.23	3.04	4.28

NOVEMBER 18, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream of wheat..	49.61	20.58	399.94	470.129
Milk	34.76	6.95	52.14	83.85
Cream	8.99	152.83	16.43	177.25
Pears	3.79	7.04	89.43	100.26
Toast	25.39	3.51	135.23	164.13
Butter	.75	142.75	.....	143.50
Poached egg	50.49	80.44	.....	130.93
Baked potatoes ..	8.02	.94	68.10	77.06

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	.32	61.18	.....	61.50
Bread	27.15	10.80	185.12	223.07
Cream	5.97	101.55	10.91	118.43
Milk	52.16	10.43	78.24	140.83
Roast veal		.....	.....	143.
Potatoes	5.22	13.92	36.19	55.33
Lima beans	16.86	2.90	61.71	81.47
Apple	1.38	3.34	42.66	47.38

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.97	203.60	21.88	237.45
Milk	34.48	6.89	51.72	93.09
Sweet potatoes ...	23.62	37.8	331.42	392.84
Dried beef		.....	.....	28.20
Butter	.93	176.74	.....	177.67
Bread	32.55	12.95	221.90	267.40
Apple sauce	1.75	4.56	83.53	89.84

NOVEMBER 19, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.97	204.6	218.88	238.45
Milk	43.2	8.64	64.8	106.64
Toast	12.44	1.72	66.25	80.41
Butter	.33	55.44	.....	55.77
Oatmeal	13.03	5.13	52.63	70.19
Pear	.79	1.48	18.81	21.08

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	41.99	134.66	76.74	253.39
Meat		.....	.....	239.42
Potatoes	18.39	49.04	127.5	194.93
Bread	34.20	13.30	226.33	273.83
Butter	.97	183.54	.....	184.51
Corn	23.14	18.64	149.17	190.95
Rice	25.74	2.34	222.3	250.38

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	52.16	10.43	78.24	140.83
Cream	5.85	99.58	10.7	116.13
Butter	.85	160.88	.....	161.73
Bread	30.13	11.98	205.41	247.52
Cranberries	1.02	3.75	121.05	125.82
Meat	....	.....	.....	396.36
Sugar	.....	.....	389.44	389.44

NOVEMBER 20, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.97	204.60	21.88	238.45
Milk	52.16	10.43	78.24	140.83
Butter	.81	154.08	.....	154.89
Toast	27.64	3.82	147.18	178.64
Banana	3.40	1.57	57.64	62.61
Pota'o	14.35	1.48	120.78	136.61
Cream of wheat..	52.91	17.91	427.6	498.42

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	5.85	99.58	10.7	116.13
Milk	52.16	10.43	78.24	140.83
Butter	.73	138.12	.....	138.85
Bread	34.41	13.69	234.58	282.68
Tomatoes	5.62	2.01	18.89	26.52
Meat		.....	.....	257.
Potato	11.28	1.16	94.91	107.35

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	21.72	4.34	32.58	58.64
Cream	20.96	356.43	38.31	415.70
Butter	.76	145.02	.....	145.78
Bread	22.62	12.58	215.56	250.76
Potato	11.62	1.20	97.84	110.66
Apple sauce	.86	2.23	40.93	44.02
Meat		.....	.....	102.

NOVEMBER 21, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	15.02	254.37	27.45	296.84
Milk	34.72	6.94	52.08	83.74
Toast	23.46	3.24	124.91	151.61
Butter	.51	97.43	.....	97.94
Cranberries	.87	3.21	94.66	98.74
Egg, poached	47.34	75.42	.....	122.76
Oatmeal	12.7	5.	51.59	69.29

Record of Preliminary Physical Examination.

Prover Number Thirteen.—October 26, 1906. Age, 24; male; occupation, student; American; residence, Ann Arbor, Mich. Family history: Father living and well; mother living; fibroid tumor of the uterus removed six years ago; has slightly enlarged thyroid gland; one sister and one brother; sister is well; the brother had had inflammation of optic nerve, conjunctivitis and adenoids. Personal history: A quick temper; resembles mother more than father; has had measles, and diphtheria twice; has a tendency to a post-nasal catarrh. Personal description: Height, 5 feet 11¾ inches; weight, 157 pounds (weight changed from 165 pounds in June to 142 pounds in August); regains weight in winter; prover is tall, slender and wiry; girth at nipple, 36½ inches; forced inspiration, 39 inches; forced expiration, 34 inches; respiratory sounds clear; heart's action strong, a little slow; a slight irregularity, slowing at end of inspiration; pulse, strong, firm, slightly irregular; 66 per minute, sitting; 72 per minute when standing; waist measure, 32 inches; eyes, gray, slightly congested; conjunctiva congested; pupils smaller

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than normal; a tendency to blurring, to headache from eye strain; hair, black, oily, free from dandruff; ears, no defect; hearing distance, 60 inches; nose and throat, a post-nasal catarrh; throat congested; right tonsil a little enlarged; skin is smooth, complexion dark; blood, hæmoglobin, 95 per cent); corpuscles, red, 5,750,000; white, 4.200; urine, October 28, 1906, amount in twenty-four hours, 810 c.c.; color, amber; sediment, urates, sp. gr., 1.020; total solids, 43.20 grams; urea, 17.77 grams; chlorides, 12.99 grams; phosphates, 4.05 grams; sulphates, 3.9 grams (Purdy's centrifuge method). Appetite good. Smokes two or three pipes daily. Drinks coffee three times a day.

A Report of the Daily Record of the Prover, Preparation and Dose of Drug, Amount and Unit Value of the Food Taken and Urinalysis.

November 1, 1906, drug, 4x dilution, 5 gtts capsule, taken at 8:25 A. M., 1:30 P. M., 6:30 P. M.

Symptoms.—Restless last night; 7½ hours sleep; four miles walk in the afternoon. Weight, 158 pounds. (Unit value of food not recorded until November 3.)

Urinalysis.—Amount twenty-four hours, 907 c.c.; color, amber; total solids, 49.64 gms; urea, 22.41 gms; chlorides, 13.38 gms; phosphates, 5.67 gms; sulphates, 4.71 gms. Bowels moved at 7 A. M.; normal.

November 2, drug, 4x dilution, 5 gtts capsule at 8:30 A. M.; 3x dilution, 5 gtts capsule at 1.30 P. M., 6:00 P. M.

Symptoms.—None recorded. Slept well. Bowels regular. Pulse, 72. Temperature normal and appetite good.

November 3, drug, 3x dilution, 5 gtts capsule at 8:20 A. M.; θ 5 gtts capsule at 1:00 P. M., 6:30 P. M.

Symptoms.—Temperature normal; pulse, 86; bowels regular; slept well; appetite fairly good; tongue a little irritated and a slight uneasy feeling of my stomach. Quite tired at night due to nervous strain of seeing foot ball game.

November 4, drug, θ, 5 gtts capsule at 8:20 A. M., 1 P. M., 6:30 P. M.

Symptoms.—Slight shifting pain in abdomen, which began at 11 A. M., and < till about 83:0 P. M., when it was quite severe for an hour, then gradually >. Flatulence and abdomen seemed to be distended with gas. Tossed considerable in bed, but rested fairly well.

Urinalysis.—Amount twenty-four hours, 1025 c.c.; color, amber; total solids, 54.75 grams; urea, 26.21 grams; chlorides, 14.70 grams; phosphates, 4.32 grams; sulphates, 7.17 grams.

November 5, drug, θ, 5 gtts capsule, 9 A. M., 1:05 P. M.; 1x dil. of the balsam, 5 gtts capsule, 6 P. M.

Symptoms.—Temperature normal, but face is flushed when in doors. Pulse, 67. Slight burning sensation in region of stomach very shortly after taking drug at noon. Slight shifting pain in abdomen, but not so severe as yesterday. Abdomen sore to touch, and feels as though distended with gas. Drank one glass of water between meals.

Urinalysis.—Amount twenty-four hours, 890 c.c.: color, amber; total solids, 50.85 grams; urea, 25.81 grams; chlorides, 13.34 grams; phosphates, 6.26 grams; sulphates, 4.23 grams.

November 6, drug, 1x dil. of the balsam, 5 gtts capsule, at 8:30 P. M.; 10 gtts capsule, at 1:20 P. M., 6:35 P. M.

Symptoms.—Slight uneasiness about the abdomen and in region of stomach shortly after taking drug in the morning. Exercised at foot ball. Sweat a good deal in arm-pits, and feet also sweat. (Prover states that this is unusual under same conditions.) Drank two glasses of water between meals.

Urinalysis.—Amount twenty-four hours, 975 c.c.; color, amber; total solids, 45.90 grams; urea, 18.27 grams; chlorides, 16.50 grams; phosphates, 4.38 grams; sulphates, 5.73 grams.

November 7, drug, 1x dil. of the balsam, 10 gtts capsule, at 8:30 A. M., 1:15 P. M., 6:30 P. M.

Symptoms.—Slight muscular soreness between crest of ilium and ribs on right side. (Prover states this may be due to a strain caused by stepping in a hole.) Eyes feel dry and burn. (Prover states eyes have burned before but not so bad.) Belching of gas for about a half hour shortly after taking drug each time. Drank one glass of water away from table.

November 8, drug, 1x dil. of the balsam, 10 gtts capsule, at 8 A. M.; 15 gtts capsule, at 2:00 P. M., 6:30 P. M.

Symptoms.—Belching a little gas after taking drug in the morning. Right side of nose slightly stopped up. Number and amount of urinations increased. Weight decreasing 156½ pounds.

Urinalysis.—Amount twenty-four hours, 1430 c.c.; color, light amber; total solids. 49.97 grams; urea, 24.84 grams; chlorides, 13.73 grams.

November 9, drug, 1x dil. of the balsam, 15 gtts capsule, 1:20 P. M.

Symptoms.—Every part of body aches and is sore to touch, especially in region of gall bladder. Perspire more freely than usual and very profusely when exercise was taken. Micturitions were very many, nearly every hour, and very copious. Slight tendency to constipation. Foolish dreams. Feel conscious of swallowing all the time, but throat does not feel very sore. Slightly hoarse. Did not exercise very much because of the profuse perspiration, which was induced. Drank one glass of water away from table.

(Ex. Pharynx inflamed and more red than on preliminary examination. On the nasal mucous membrane are small pin-head, whitish "pimples." They seem to consist of mucus, but when wiped off with cotton are quite tenacious. Under them are found similar raised "pimples" on the mucous membrane. They occur mostly toward the anterior nares, but also occur over the soft palate. The right turbinate is more enlarged. On introducing the tongue depressor and mirror the throat is found to be much more sensitive than before the drug was given.)

November 10, drug, 1x dil. of the balsam, 20 gtts capsule, 8:55 A. M., 1:00 P. M., 6:00 P. M.

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Symptoms.—Occasionally had times during the day when I felt faint, and once fainted away. Legs feel as though they were not strong enough to hold up body at times, while at other times felt perfectly well. Nose and throat symptoms about as yesterday. Still losing weight, 156 pounds. Drank one glass of water and cup of coffee away from hospital, and also about four ounces of fruit punch.

November 11, drug, 1x dil. of the balsam, 20 gtts capsule, at 2:00 P. M., 6:00 P. M.

Symptoms.—Legs tired. Slight constricted sensation of the throat. Feel dizzy at times. Decrease in amount of urine voided.

Urinalysis.—Amount twenty-four hours, 880 c.c.; color, dark amber; total solids, 41.30 grams; urea, 18. grams; chlorides, 12.48 grams; phosphates, 6.71 grams; sulphates, 4.20 grams.

November 12, drug, 1x dil. of the balsam, 20 gtts capsule, at 8:45 A. M.; 25 gtts capsule, at 1:45 P. M., 6:00 P. M.

Symptoms.—Right side of throat sore and whole throat feels constricted. Pain over McBurney's point, and is somewhat tender to pressure. Right rectus muscle has tendency to be rigid. Weight decreasing, 155½ pounds.

Urinalysis.—Amount twenty-four hours, 900 c.c.; total solids, 56.61 grams; urea, 18.9 grams; chlorides, 12.75 grams; phosphates, 7.89 grams; sulphates, 4.29 grams.

November 13, drug, 1x dil. of the balsam, 25 gtts capsule, at 8:45 A. M., 1:45 P. M.

Symptoms.—Soreness over right side of abdomen, and especially in region of appendix. < after meals. Throat feels constricted, < on right side. Thin, watery discharge from nose on going out of doors, but ceases at once on coming in the house. A rumbling in bowels, especially an hour after meals.

Urinalysis.—Amount twenty-four hours, 880 c.c.; color, amber; total solids, 53.10 grams; urea, 19.36 grams; chlorides, 18.20 grams; phosphates, 6.03 grams; sulphates, 4.2 grams.

November 14, drug. A placebo was given, 25 gtts capsule, at 8:30 A. M., 1:45 P. M., 7:30 P. M.

Symptoms.—Throat constricted with some pain on right side, and feels swollen. Soreness in right side below line of ribs and tender to touch over McBurney's point. Sudden jars make whole body seem sore, especially in region of liver and appendix. Frontal headache just abovt eyes during the evening. Drank three glasses of water away from prover's table. Weight, 155 pounds.

Urinalysis.—Amount twenty-four hours, 700 c.c.; color, amber; total solids, 44.03 grams; urea, 22.4 grams; chlorides, 8.69 grams; phosphates, 4.87 grams; sulphates, 3.33 grams.

November 15, drug. A placebo was given, 10 gtts capsule, 8:45 A. M., 2:00 P. M., 6:45 P. M.

Symptoms.—Very slight; soreness on right side below ribs, but not so great as yesterday. Right side of throat very slightly sore, and whole throat feels constricted. Right nostril a little sore to touch and some blood came from it. It has a feeling of exceeding warmth on inside. Slight frontal headache at different times during day. Weight, 155 pounds.

November 16, drug. Placebo given, 10 gtts capsule, given at usual times.

Symptoms.—Right side of throat feels as if there was some pressure on it, but feeling of soreness is gone. Conscious of swallowing. All other aches and pains have disappeared.

Urinalysis.—Amount twenty-four hours, 970 c.c.; color., amber; totaal solids, 58.76 grams; urea, 28.8 grams; chlorides, 13.74 grams; phosphates, 7.25 grams; sulphates, 6.38 grams.

November 17, drug. Placebo given at 8 A. M. and 1 P. M.

Symptoms.—Only symptom is a very slight sensitiveness on right side of throat. (Ex. Throat less sensitive. Ocular conjunctiva inflamed a little.)

Urinalysis.—Amount twenty-four hours, 1000 c.c.; color, amber; total solids, 53.59 grams; urea, 25 grams; chlorides, 15.27 grams; phosphates, 3.77 grams; sulphates, 4.03 grams.

November 18, drug, 1x dil. of the balsam, 30 gtts capsule, 8:20 A. M., 1 P. M., 6:00 P. M.

Symptoms.—Marked increase in number of urinations. Micturated seven times during the day with large increase in quantity. Throat again sore, especially on right side. Swallowing seems to be interfered with. A feeling of pressure on the throat. Muscles all over the body are sore, especially below the knee. They feel as if they had been severely strained, but I am sure I haven't taken cold, and have had no unusual exercise. Pain in the region of the appendix, which was severe at times.

November 19, drug, 1x dil. of the balsam, 30 gtts capsule, 8:00 A. M., 1:15 P. M., 6:00 P. M.

Symptoms.—Same uneasiness and soreness in region of appendix. Throat seems to be more sore than yesterday. (Ex. Throat more sensitive to touch of instruments. Pharyngitis. Lower turbinals swollen. Ocular and palpebral conjunctiva inflamed.) Marked increase in quantity of urine voided.

Urinalysis.—Amount twenty-four hours, 1700 c.c.; color, amber; total solids, 71.30 grams; urea, 28.9 grams; chlorides, 20.42 grams; phosphates, 5.25 grams; sulphates 8 grams.

November 20, drug, 1x dil. of the balsam, 30 gtts capsule, 9 A. M., 1:30 P. M., 6 P. M.

Symptoms.—Throat is worse than yesterday. The soreness over right side of abdomen seems better. Very hoarse. Throat feels sore when I attempt to swallow.

November 21, drug, 1x dil. of the balsam, 30 gtts capsule, 8:30 A. M.

Symptoms.—Throat more hoarse but not so sore. Soreness over appendix and right side of abdomen seems to be worse than yesterday. Worse in afternoon. (Ex. Pharyngitis seems to have increased; inflammation extending down to epiglottis and trachea is involved. Vocal cords are inflamed.)

November 22. No drug.

Symptoms are disappearing.

November 23. No drug.

Symptoms disappearing.

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FRIDAY, NOVEMBER 3, 1906.

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
But'er	.54	101.97	.....	102.51
Bread	14.78	5.88	100.80	121.46
Corn	10.8	5.7	66.	85.5
Meat (s)	.....	.....	.....	44.27
Potato	14.5	1.5	123.5	139.5
Rice	.66	.06	.56	1.28
Cocoa	1.21	1.62	2.11	4.94
Milk	32.	6.4	48.	86.4

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	15.44	6.14	105.24	124.82
Meat	.....	.....	.....	587.21
Butter	.54	101.97	.....	102.51
Milk	32.	6.4	48.	86.4
Prunes	9.68	.....	330.89	340.56
Potatoes	7.91	.82	66.56	75.29
Cocoa	1.98	2.65	3.45	8.08
Milk	28.	5.6	42.	75.6
Sugar	.....	.....	.....	8.50

NOVEMBER 4. 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bananas	4.11	4.18	70.42	78.71
Cream of wheat	47.59	16.87	384.58	449.04
But'er	1.10	209.15	.....	210.26—
Toast	22.98	55.44	173.78	252.20
Cream	11.6	197.2	21.2	230.0
Eggs	51.39	100.90	.....	152.29
Milk	16.	3.2	24.	43.2
Sugar	.....	.....	139.92	139.92

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	19.995	7.56	136.31	164.26
Butter	.95	179.69	.....	180.65—
Celery	.53	.12	1.60	2.26—
Fish	33.84	19.58	.....	53.42
One-half milk and one-half cream	24.15	175.35	39.55	239.05
Potato	13.14	1.36	110.53	125.03
Tomato	4.74	1.69	15.91	22.35—
Sugar	.....	.....	34.78	34.78
Apple	1.06	2.30	50.30	53.66

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	.57	107.64	.....	108.21
Cocoa	2.09	2.79	3.64	8.52
Milk	60.	12.0	90.	162.0
Meat	.....	.....	.....	212.625
Eggs	59.25	116.32	.....	175.57
Pota'o	10.578	1.08	88.16	998.818
Baked apple	1.667	3.611	78.895	84.173
Sugar	.....	.....	96.778	96.778

NOVEMBER 5, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Toast	24.58	59.29	185.85	269.72
Butter	.61	115.57	.....	116.18
Sugar	.....	.....	93.28	93.28
Milk	28.	5.6	42.	64.8
Cream	11.6	197.2	21.2	230.0
Oatmeal	13.10	4.73	47.66	65.49
Meat (ham)	.....	.....	.....	151.42
Coffee	.....	.....	.....	109.23

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	16.	3.2	24.	43.2
Cream	8.7	147.9	15.9	172.5
Butter	.49	92.45	.....	92.94
Lima beans	20.02	3.41	15.34	38.77
Potatoes	13.57	1.40	114.19	129.16
Meat (Hamburg)	.....	.....	.....	157.5
Bread	10.32	4.11	70.37	84.80
Baked apple	3.36	7.29	159.27	169.92
Lemon pudding	.....	.....	54.54	54.54

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Sugar	.....	.....	71.13	71.13
Butter	.78	146.38	.....	147.16
Milk	28.	5.6	42.	64.8
Cocoa	20.3	345.1	37.1	402.5
Apple sauce	2.15	5.60	102.48	110.23
Corn bread	36.006	52.10	220.27	308.376
Fried potatoes	.....	.....	.....	238.22
Oysters	.....	.....	.....	21.5

NOVEMBER 6, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	28.	5.6	42.	64.8
Toast	24.28	58.57	183.6	246.45
Cream	11.6	197.2	21.2	230.0
Oatmeal	15.79	5.66	57.11	78.57
Butter	.67	126.89	.....	127.56
Eggs	47.75	93.76	.....	141.51
Bananas	3.27	3.49	55.03	61.79
Sugar	.....	.....	142.25	142.25

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Sirloin steak	.....	.....	.....	84.238
Mashed potatoes	11.16	29.76	77.376	118.296
Bread	33.294	13.246	226.976	273.512
Butter	1.296	244.728	.....	246.024
Corn	11.232	9.048	68.14	88.920
Bread pudding	23.562	33.558	91.392	148.512
Milk	12.	2.4	18.	32.4
Cream	11.6	197.2	21.2	230.
Sugar	.....	.....	37.312	37.312
Cocoa	15.	69.0	25.	109.0

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	17.484	6.956	119.192	143.632
Butter	4.956	93.59	.....	98.546
Baked po'atoes	5.158	.61	43.84	49.608
Cranberry sauce	.756	2.77	89.46	92.986
Milk	28.	5.6	42.	64.8
Toast	38.988	94.05	29.38	162.418

NOVEMBER 7, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.7	147.9	15.9	172.5
Milk	28.	5.6	42.	64.8
Pear	.....	.....	.....	32.
Cranberry sauce	.75	2.75	88.75	92.25
Butter	.54	101.97	.....	102.51
Dried beef, creamed, toast	19.95	48.12	150.85	218.92
Cream of wheat	38.85	12.96	345.71	385.52
Sugar	.....	.....	116.6	116.6

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.7	147.9	15.9	172.5
Milk	16.	3.2	24.	43.2
Butter	.9	169.95	.....	170.85
Custard	19.8	43.52	14.08	77.44
Bread	18.6	7.4	126.8	152.8
Squash	7.12	9.79	71.20	88.11
Potatoes (boiled)	10.86	1.13	121.5	133.43
Beef stew	.....	.....	.....	104.04
Cocoa	21.	12.66	35.	152.6
Sugar	.....	.....	.....	45.47

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Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	20.3	345.1	37.1	402.5
Milk	12.	2.4	18.	32.4
Butter	.42+	79.53+	.....	79.96
Creamed potatoes..	13.5	36.	93.60	143.10
Bread	15.34	6.10	103.61	125.05
Apple sauce	1.86	4.85	88.87	95.59
Corn meal mush..	12.60	2.25	108.45	123.30

NOVEMBER 8, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Apple	1.29	5.95	76.03	84.27
Bu'ter	.54	101.97	.....	102.51
Cream	10.15	172.55	18.55	201.25
Milk	24.	4.8	36.	64.8
Sugar	.....	.....	184.23	184.23
Toast	16.64	50.15	125.85	192.64
Oatmeal	20.74	7.49	75.46	103.69
Ham	.....	.....	.....	79.40
Eggs	41.99	82.43	.....	124.42

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	14.5	246.5	26.5	287.5
Milk	16.	3.2	24.	43.2
Bread	23.81	9.47	162.30	195.58
Sugar	.....	.....	186.56	186.56
Apple tapioca	.....	.....	.....	136.42
Butter	.74	138.91	.....	139.65
Roast beef	.....	.....	.....	136.98
Boiled potatoes ...	19.20	1.47	119.46	140.13
Stewed tomatoes..	3.27	1.17	10.98	15.42

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Escalloped potatoes.	.....	.....	.....	92.47
Cranberry sauce ..	.87	3.18	102.60	106.65
Oysters (raw) ...	.....	.....	.....	75.69
Butter	.54	101.97	.....	102.51
Sugar	.....	.....	5.36	5.36
Bread	30.72	12.22	209.41	252.35
Cream	14.5	246.5	26.5	287.5
Milk	16.	3.2	24.	43.2
Cocoa	21.	96.5	35.	152.6

NOVEMBER 9, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Toast	18.84	45.46	f42.49	206.79
Bu'ter	.93	175.84	.....	176.77
Baked potatoes ...	63.74	7.50	541.76	613.00
Oatmeal	10.77	3.89	39.21	53.87
Poached eggs	159.38	253.91	.....	413.29
Cream	7.25	123.25	13.25	143.75
Milk	28.	5.6	42.	64.8
Sugar	.....	.....	137.12	137.12

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	20.3	345.1	37.1	402.5
Milk	16.	3.2	24.	43.2
Butter	.67	126.90	.....	127.57
Tapioca (apple)..	.....	.....	.....	99.14
Bread	21.02	8.36	143.28	172.66
Coffee	.....	.....	.....	.....
Baked trout	.....	.....	.....	103.26
Dressing	133.23	243.46	.....	376.69
Boiled potatoes....	3.71	1.24	100.17	105.12

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	2.9	49.3	5.3	57.5
Milk	24.	4.8	36.	64.8
Butter	.68	128.26	.....	128.94
Bread	10.56	4.20	72.02	86.78
Prunes	9.43	.....	322.34	331.77
Lemon pudding ..	.....	.....	159.53	159.53
Salmon	.....	.....	.....	137.29
Baked potatoes ...	12.70	1.49	107.97	122.16
Sugar	.....	.....	104.94	104.94

NOVEMBER 10, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.7	147.9	15.9	172.5
Toast	27.09	65.34	204.81	287.24
Sugar	.....	.....	139.92	139.92
Butter	.97	181.28	.....	182.24
Flakes	6.30	.82	3.23	10.32
Poached eggs	78.19	124.57	.....	202.76
Stewed meat gravy.	.....	.....	.....	80.54

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	23.44	9.32	159.77	192.53
Cream	14.5	246.5	26.5	287.5
Milk	16.	3.2	24.	43.2
Butter	1.10	207.57	.....	208.67
Boiled rice	15.02	1.37	129.76	146.15
Corn	10.32	8.31	63.05	81.68
Boiled potatoes ...	11.35	1.17	95.48	108.00
Meat	.....	.....	.....	90.113

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	.79	148.65	.....	149.64
Sugar	.....	.....	78.82	78.82
Cream	7.25	123.25	13.25	143.75
Milk	28.	5.6	42.	75.6
Sweet potatoes ...	23.56	4.04	330.44	358.04
Cold roast beef...	.....	.....	.....	106.31
Poached eggs	86.79	138.27	.....	225.06
Strawberry jam ..	1.12	1.50	117.19	119.81
Bread	13.30	5.29	90.66	109.25

NOVEMBER 11, 1906.

Breakfast.

Did not eat breakfast.

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	20.3	335.1	37.1	402.5
Milk	8.	1.6	12.	21.6
Butter	.46	88.37	.....	88.83
Bread	26.59	10.58	181.32	217.49
Chicken stew ...	.....	.....	.....	220.
Mashed potatoes..	27.78	74.08	19.26	294.46
Peas	20.9	24.68	46.9	91.58
Vanilla	43.09	21.45	161.02	225.65

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.6	197.2	21.5	230.0
Milk	24.	4.8	36.	64.8
Butter	.56	126.50	.....	127.06
Bread	17.57	6.99	119.82	144.38
Sugar	.....	.....	.....	81.62
Baked potatoes ..	17.34	2.04	147.89	166.77
Creamed dried beef	.....	.....	.....	144.7

NOVEMBER 12, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	20.	4.0	30.	54.0
Cream	17.4	296.8	31.8	345.0
Toast	23.76	3.28	75.48	75.50
Butter	.56	106.50	.....	107.06
Sugar	.....	.....	.....	692.6
Oatmeal	12.27	4.79	49.44	66.5
Ham	.....	.....	.....	123.5
Poached egg	67.59	107.68	.....	175.27

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Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	5.8	98.6	10.6	115.0
Milk	24.	4.8	36.	64.8
Sugar	.....	.....	.....	66.4
Butter	.816	154.08	.....	154.9
Bread	26.22	10.43	178.78	215.43
Boiled potatoes ..	9.83	1.01	82.71	93.55
Hamburg steak ..	.....	.....	.....	168.52
Lima beans	13.44	2.28	48.62	64.34

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	9.57	3.81	55.30	78.68
Butter	.06	11.33	.....	11.39
Bananas	2.69	1.24	45.54	49.47
Milk	28.	5.6	42.	75.6
Cream	8.7	147.9	15.9	172.5
Salmon	.....	.....	.....	168.54
Baked potatoes ..	9.41	1.10	80.05	90.55
Sugar	.....	.....	.....	318.5

NOVEMBER 13, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream of wheat..	15.84	72.86	26.40	115.00
Toast	24.48	3.38	130.34	158.2
Butter	.6	113.3	.....	113.9
Creamed dried beef		.....	.....	46.5
Fried ham	.....	.....	.....	80.51
Fried eggs	46.81	80.56	8.81	136.18
Sugar	.....	.....	233.2	233.2
Cream	14.98	254.71	27.38	297.5
Milk	17.38	33.47	26.08	46.1

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	.82	156.35	.....	157.17
Bread	25.20	10.02	171.81	207.03
Roast beef	.....	.....	.....	66.39
Boiled potatoes ..	9.54	.98	80.27	90.79
Succotash	15.62	10.27	80.72	105.02
Apple	2.51	6.52	83.33	92.36
Cream	14.98	254.71	27.71	297.08
Coffee	.....	.....	.....	.....
Sugar	.....	.....	79.28	79.28

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.9	152.89	16.43	178.58
Milk	26.78	5.2	39.1	70.41
Butter	.94	179.01	.....	179.95
Prunes	11.45	.....	497.24	508.69
Bread	24.78	10.13	173.71	208.62
Fried potatoes ..	9.42	25.08	65.3	99.8
Boiled rice	12.54	1.14	108.3	121.98
Sugar	.....	.....	8278.6	8278.6

NOVEMBER 14, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.99	152.83	16.43	178.58
Milk 13.04		2.64	19.56	35.20
Butter	.80	151.82	.....	152.62
Toast	23.76	3.28	126.54	153.58
Bacon	.....	.....	.....	24.04
Cream of wheat ..	1.50	6.9	2.5	10.9
Poached egg	2.1	2.95	.....	5.05
Sugar	.....	.....	118.93	118.93
Prunes	6.25	.....	213.75	220.00

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	14.98	254.71	27.38	297.38
Milk	17.38	3.47	26.08	46.97
Cocoa	21.	96.6	35.	155.6
Butter	.55	104.25	.....	104.78
Steak	.....	.....	.....	166.42
Tomatoes, stewed.	1.77	2.95	27.77	31.49
Bread	18.6	7.4	126.8	152.8
Sugar	.....	.....	87.45	87.45

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.98	203.7	21.90	237.6
Milk	26.6	5.21	39.12	70.41
Bread	26.97	9.83	183.86	220.66
Butter	.91	172.21	.....	173.12
Blueberries	45.27	36.21	85.51	166.99
Celery	1.43	.33	4.29	6.05
Steak, broiled....	.....	.....	.....	288.75

NOVEMBER 15, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.7	147.9	15.9	172.5
Milk	20.	4.	30.	54.
Sugar	.....	.....	9328.00	9328.00
Butter	.32	61.18	.....	61.50
Toast	10.2	1.41	54.31	65.92
Bacon	.....	.....	.....	112.21
Egg (fried)	45.27	77.91	8.52	131.7
Oatmeal	12.67	4.99	51.45	69.11

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	23.52	9.36	160.4	193.28
Butter	.48	90.64	.....	91.12
Baked squash ...	5.02	6.9	50.24	62.16
Potatoes	6.20	.64	52.21	59.05
Sirloin steak	.....	.....	.....	180.9
Milk	65.2	130.4	97.8	293.4
Sugar	.....	.....	166.73	166.73

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Bread	28.92	11.50	197.17	237.59
Butter	.80	151.82	.....	152.62
Cranberries	1.08	3.99	128.86	133.93
Sweet potatoes ..	7.	11.2	98.2	116.4
Cream	4.37	76.41	8.21	89.12
Milk	26.08	5.21	39.12	70.41
Sugar	.....	.....	.....	.....

NOVEMBER 16, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	17.98	305.66	32.86	356.50
Milk	17.36	3.47	26.04	46.04
Butter	.91	173.12	.....	174.03
Toast	23.15	3.20	123.28	149.63
Bacon	.....	.....	.....	107.4
Sugar	.....	.....	180.73	180.73
Oatmeal	14.65	5.77	59.49	79.91
Coffee	.....	.....	.....	.....

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.97	203.60	21.88	237.45
Milk	26.08	5.21	39.12	70.41
Butter	.75	142.75	.....	143.50
Bread	33.48	13.32	228.24	275.04
Sugar	.....	.....	201.71	201.71
Tomatoes, stewed.	7.85	2.80	26.36	37.01
Steak	.....	.....	.....	118.42
Boiled potatoes...	11.42	1.18	96.13	108.73
Rice	15.18	1.38	131.50	148.06

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	21.72	4.34	32.58	58.64
Cream	11.97	203.60	21.88	237.45
Sweet potatoes ..	13.8	21.12	193.94	228.86
Butter	1.30	246.99	.....	248.29
Bread	28.08	11.17	192.66	231.91

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Apple sauce	2.40	6.25	114.47	123.12
Steak	.....	.....	.....	94.76
Sugar	.....	.....	79.28	79.28

NOVEMBER 17, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	17.98	305.66	32.86	356.50
Milk	17.36	3.47	26.04	46.87
Toast	24.27	3.35	129.25	156.87
Oatmeal	16.33	6.43	66.33	89.12
Ham	.....	.....	.....	94.12
Sugar	.....	.....	141.08	141.08
Butter	.51	97.43	.....	97.94

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	7.40	127.19	13.67	148.26
Milk	26.08	5.81	39.12	71.01
Cocoa	21.	96.6	35.	152.6
Butter	1.04	197.80	.....	198.84
Bread	36.82	14.65	251.53	302.53
Sugar	.....	.....	69.49	69.49
Roast veal	.....	.....	.....	593.4
Boiled potatoes...	11.39	1.17	95.89	108.45
Peas	23.55	27.48	52.85	103.88

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	8.72	148.39	2.45	159.56
Milk	26.08	5.81	39.12	71.01
Bread	25.57	10.17	174.35	210.09
Butter	1.06	201.67	.....	202.73
Baked potatoes ...	13.94	1.64	118.49	134.07
Corn meal mush ..	11.14	1.99	95.91	109.04
Apple sauce	1.57	4.07	74.97	80.61
Sugar	.....	.....	.....	.....
Celery	2.60	.60	7.80	11.00

NOVEMBER 18, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream of wheat..	43.56	15.44	352.04	411.04
Milk	34.76	6.95	52.14	83.85
Cream	8.99	152.83	16.43	177.25
Pears	3.64	6.76	85.80	96.20
Toast	14.99	2.07	79.83	96.89
Butter	.66	124.62	.....	125.29
Poached eggs	12.36	19.69	.....	32.05
Baked potatoes ..	8.12	.95	69.07	78.14
Sugar	.....	.....	151.58	151.58

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Butter	.54	101.97	.....	102.51
Bread	24.36	9.69	166.10	200.15
Cream	5.97	101.55	10.91	118.43
Milk	30.40	6.08	45.60	82.08
Roast veal	.....	.....	.....	204.01
Potatoes	10.32	27.52	99.07	136.9
Lima beans	18.84	3.20	68.17	90.21
Apples	3.14	7.39	94.65	105.18
Sugar	.....	.....	39.64	39.64

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	14.96	254.96	27.34	296.68
Milk	26.08	5.21	39.12	70.41
Sweet potatoes ..	13.4	23.7	201.3	238.4
Dried beef	.....	.....	.....	31.20
Butter	.70	133.69	.....	134.39
Bread	31.62	13.58	215.56	260.68
Sugar	.....	.....	90.94	90.94
Celery	2.71	.85	11.15	14.71
Apple sauce	1.64	4.27	78.30	84.21

NOVEMBER 19, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.97	204.6	218.88	235.45
Milk	14.36	2.87	21.54	38.77
Toast	14.28	1.97	76.03	92.28
Butter	.49	92.90	.....	93.39
Bacon	.....	.....	.....	115.41
Oatmeal	12.57	4.95	51.05	68.57
Pear	2.33	4.32	54.94	61.59
Sugar	.....	.....	96.77	96.77

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	41.99	134.66	76.74	253.39
Meat	.....	.....	.....	301.8
Potatoes	20.85	2.15	175.43	198.43
Bread	31.89	12.69	217.46	262.04
Butter	.76	145.02	.....	145.78
Corn	10.87	8.75	70.06	89.68
Rice	14.94	1.35	129.10	145.10
Sugar	.....	.....	86.63	86.63

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	30.4	6.08	45.6	82.08
Cream	5.85	99.58	10.7	116.13
Butter	1.33	251.52	.....	252.85
Bread	29.57	11.76	201.61	242.94
Cranberries	1.06	3.89	125.67	130.62
Meat	.....	.....	.....	336.
Sugar	.....	.....	76.95	76.95

NOVEMBER 20, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	11.97	204.60	21.88	238.45
Milk	30.4	6.08	24.6	61.08
Butter	.81	154.08	.....	154.89
Toast	23.46	3.24	124.91	151.61
Banana	5.61	2.59	95.04	103.24
Potato	10.09	1.04	59.16	70.29
Cream of wheat...	14.0	22.4	196.4	232.8
Sugar	.....	.....	134.09	134.09

Dinner.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	5.85	99.58	10.7	116.13
Milk	30.4	6.08	24.6	61.08
Butter	1.11	210.73	.....	211.84
Bread	36.08	14.35	245.91	296.42
Tomatoes	4.34	1.55	14.57	20.45
Meat	.....	.....	.....	166.99
Potato	14.73	43.28	102.53	160.53
Sugar	.....	.....	104.91	104.91

Supper.

Food.	Proteid.	Fat.	Carbo.	Calories.
Milk	30.4	6.08	24.6	61.08
Cream	20.96	356.43	38.31	415.70
Butter	1.05	199.40	.....	200.45
Bread	29.76	11.84	202.88	244.48
Potato	80.91	31.12	11.67	122.7
Apple sauce	2.	5.2	95.2	102.4
Meat	.....	.....	.....	107.6
Sugar	.....	.....	81.62	81.62

NOVEMBER 21, 1906.

Breakfast.

Food.	Proteid.	Fat.	Carbo.	Calories.
Cream	15.02	254.37	27.45	296.84
Milk	17.36	3.47	26.04	46.87
Toast	26.62	3.68	14.17	44.47
Butter	.78	146.99	.....	147.77
Cranberries	.93	3.43	110.76	115.12
Egg, poached	37.34	59.49	.....	96.83
Oatmeal	9.63	3.79	39.12	52.54
Sugar	.....	.....	171.4	171.4

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Classification of Symptoms.

NOTE. The symptoms of each prover are classified in the order of their occurrence, excepting that a number placed after a statement indicates the number of days that symptom was recorded by the prover . To illustrate: "Slight frontal headache on rising, 2," means that that symptom was experienced on two different days. It will be noted that some of the wording of different statements would indicate that the symptoms were similar, however, that should be left for each physician to decide for himself.

Head.

Prover 12.—Dull frontal headache on rising, which continued all the morning. 4.

Heavy feeling in head after dinner.

Headache ceased toward noon. 2.

Dullness in head in evening. 2.

About 11 o'clock dull frontal headache began, and continued throughout afternoon. It stopped after supper.

Pain in the supra-orbital region and back of eyes in the morning, and passed away at 2 P. M. with vertigo, 2.

Prover 13.—Frontal headache during evening. 2.

Eyes.

Prover 12.—Smarting of eyes, especially the left. 3.

Eyes watery.

Prover 13.—Eyes feel dry and burn, 2.

Nose.

Prover 12.—Frequent sneezing, 4. Watery coryza.

Mucous discharge from left nostril, 7.

Dropping of discharge from post nares, 4.

Muco-purulent discharge from nose in morning until freed, then glassy mucus, 4.

Stuffy sensation in nose, 3.

Prover 13.—Right side of nose stopped up. 4.

(Ex. On the nasal mucous membrane are small pin-point whitish "pimples." They seem to consist of mucus, but when wiped off seem tenacious. Under them are found similar raised "pimples" on the mucous membrane, mostly over anterior nares but some over the soft palate. The right turbinal enlarged.)

Watery discharges from the nose on going out of doors.

Right nostril sore to touch and bleeds easily.

Throat.

Prover 12.—Aching and soreness in throat, 3.

Soreness on left side of throat.

Hoarseness, 14.

Hurts throat to talk.

Dryness in throat. 2.

Dry cough, 7.

Irritation in pharynx.

Soreness in larynx, which gradually subsides toward noon, but hoarseness remains.

Cough brings up greenish mucus. 5.

Cough and hoarseness less at night, 4.

Parched, dry, blistered feeling in throat, 4.

Irritation and tickling sensation in larynx. 2.

Cough brings up glassy mucus, 5.

Dry sensation in roof of mouth.

Prover 13.—Feel conscious of swallowing all the time, 2.

Hoarseness, 3.

Throat sore.

(Ex. Pharynx inflamed and more red than on preliminary examination.)

Right side of throat sore and whole throat feels constricted, 8.

Right side of throat feels as though there were some pressure on it, 2.

Hurts to swallow, 2.

(Ex. Pharyngitis; increased inflammation extending down to epiglottis. Vocal cords inflamed.)

Chest.

Prover 12.—A feeling of soreness and aching (dull) on both sides of chest down to lower border of ribs, 4.

Difficulty in breathing.

Soreness over sternum on pressure.

Coughing caused irritation and sore feeling in chest.

Stomach.

Prover 12.—Belching gas usually soon after taking drug by both provers.

Aching and nausea in gastric region on awaking, 4.

Food tasted good, but within half hour after a nauseated feeling.

Soreness on pressure in region of the stomach noticed on getting up in the morning, 4.

Smarting and soreness in epigastric region after 7 A. M.

Awakened with empty feeling in stomach and nausea which disappeared after rising.

Prover 13.—A slight uneasy feeling of stomach, 2.

Abdomen.

Prover 12.—Dull aching in lower abdominal region.

Soreness on pressure all over abdomen, 4.

Prover 13.—Shifting pain in abdomen, 3.

Abdomen feels as though distended with gas and is sore to touch, 5.

Muscular soreness between crest of ilium and ribs on right side.

Pain over McBurney's point, and is tender to pressure, 7. Worse in afternoon.

Right rectus muscle has tendency to be rigid.

Rumbling of bowels after meals.

Sudden jars make whole body seem sore, and especially over liver and appendix.

Stool.

Prover 12.—Clay colored stool composed of hard balls size of large marbles, 3. (The first three days.)

Soreness about anus after stool passed.

Stool contained dark blotches which looked like moist tea leaves, but were apparently undigetsed meat. Sphincter rigid.

Stool soft, yellow but formed.

Stool contained undigested particles.

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Prover 13.—Stool passed with difficulty.
A great deal of flatulence.

General.

Prover 12.—Tired feeling and exhausted, 4.
Bad dreams.
Dullness of perception.
Sluggishness of thought.
Difficulty in articulation.
Prespires profusely.
Prover 13.—Restless during night.
Perspires more than is natural, and especially under arms.
Weight decreased from 157 to 155 pounds during proving.
Eevry part of body aches and is sore to touch, and especially in region of gall bladder, 2.
Foolish dreams.
Felt faint at times during day, and fainted away once, while at other times felt perfectly well. (This may have been due to over work for the one day.)
Sudden jars make whole body seem sore, 2.

Female Sexual Organs.

Prover 12.—Menstrual flow began three or four days earlier than is customary. There were no prodromal symptoms until about an hour after flow began, when aching began over pubic bone; worse on the left side. Then within an hour decided nausea developed accompanied by sweat followed by chills, and pain began to radiate obliquely upward along the hip bone as far as the anterior superior spine of the ilium; worse on the left side. It seemed to be aggravated by standing and moving about, but no particular relief was afforded by sitting down or pressure. A feeling of soreness and stiffness was noticeable.

Symptoms continued for two hours and a half, when after resting and sleeping for two hours, when pelvic pain was relieved excepting on pressure. Soreness upon pressure along the edges of the innominate bone; worse on left side.

The menstrual discharge was dark and profuse from the beginning, with strong odor. No appetite for two days. Feeling of nausea on second day, all day long.

On third day symptoms were gone.

Flow profuse and irritating to pudenda, and caused prostration and weakness.

Urine.

Prover 12.—The only effects of the drug noted by the urinalysis were increased amount of urine passed in twenty-four hours, which proved to be directly influenced by the amount of the drug given. The total solids seem to increase proportionately with the increase in amount excreted or nearly so.

It will be noted that the average amount for twenty-four hours seems low; however, it is our experience that the amounts given in the text-books on urinalysis are too high for those not exercising vigorously. It will be noted that in the middle of the proving the twenty-four hour specimen was increased in amount. The drug was stopped with a corresponding falling off in the urine, and then when large doses were again resorted to, the amount excreted was again high, even increased double in prover 13.

Electro Therapeutics.

A HIGH FREQUENCY ELECTRICAL APPARATUS—WHAT IT SHOULD BE FROM A PHYSICIAN'S STANDPOINT.

BY WILLIAM HARVEY KING, M. D., LL. D., NEW YORK.

Much confusion seems to exist in the minds of many physicians as to the nature of high frequency currents, and there is still more confusion regarding the machines which produce those currents. As a result we find physicians purchasing high frequency machines that are of no use, or of but very limited use, only giving one or two manifestations of high frequency currents. In this article it shall be my endeavor to describe certain points in the construction of a high frequency machine which every purchaser should look to in selecting one for medical use.

High frequency currents are produced by the discharge of a condenser through some conductor or inductant. They are oscillating currents of great frequency. Those used for therapeutic purposes alternate in what is estimated to be from one hundred thousand, or perhaps less, to a few million times per second. At first sight these figures seem very large, but when we consider that the transverse vibrations of the ether known as light, must reach four hundred billions per second before they are capable of making an impression on the optic nerve or becoming visible, it will be seen that high frequency currents are very slow comparatively.

These alternating currents are produced by an attempt to equalize the two sides of a charged condenser. One side is charged with a plus or positive charge, the other with a negative or minus charge. As the spark passes across the spark gap the posi-

tive charge rushes through the inductant over to the negative side. The force of the discharge is so great that there is an over-rush; what was negative becomes positive, and what was positive becomes negative. This causes a discharge in the other direction when the same over-charge on the opposite plate takes place and the current is again reversed; and so on until the two sides become equal. Naturally with each reversal there is a certain amount of decrease until the neutral point is reached. Therefore we get these currents always on the decreasing scale.

The character of the high frequency discharge depends largely upon two factors, namely, the capacity of the condenser, and the character of the inductant. There is, however, another very important factor in the medicinal use of these currents, and that is the rate of charge and discharge of the condenser. When a condenser is discharged it must again be charged before another discharge can take place. Consequently we get an interruption of dis-

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charges as represented in the accompanying figure. This illustration is very inaccurate, for with the most powerful apparatus charging the condenser, the interval between the discharges would be many times longer than the period of discharge. If the time occupied by the discharge were to cover a space of one inch, the interval between that point and the next discharge would, under the best of circumstances, cover many feet. The rapid rate of these discharges, or the closeness with which one follows another, has much to do with the action of the currents and the painlessness of the application.

If heavy treatments are to be given the charging part of the apparatus must be proportioned to the capacity of the condenser, for, naturally, the smaller the capacity of the condenser the more frequently will it be charged and discharged. Therefore the first thing that we would naturally consider in the selection of a high frequency machine is the source of charge of the condenser.

The Charging Apparatus.

There are three in use, the static machine, the induction coil, and the step-up transformer. While the static machine gives off a charge of a very high tension, it is of small quantity. It will answer the purpose very well for energizing a Tesla coil used for local application with a glass vacuum electrode, and may, perhaps, be used for other purposes.

The induction coil gives off a current of sufficient voltage and quantity, but in order to accomplish this a large quantity of current must be run through the primary coil. This necessarily puts a great strain on the interrupter. Now at best an interrupter is a very annoying thing. The electrolytic interrupters cannot be used for long periods at a time, and when such heavy currents as are needed for certain kinds of high frequency treatments are run through the mercury jet interrupter, the mercury soon becomes dirty, which necessitates frequent cleaning. The amount of mercury thus used is very considerable, and it is, therefore, expensive. If, however, there is no electric lighting system from which the physician can draw his electric supply, it is best to use a coil and storage batteries, although this will not be especially satisfactory at best. It is only the utilization of the current from electric lighting mains that has made the development of high frequency machines possible.

The step-up transformer can be used for hours at a time, has no moving parts, and is as good at the end of the year as at the beginning. In order, however, to use the step-up transformer we must have the alternating current. In large cities the direct current is one most commonly used for electric lighting on the incandescent circuits, but in the smaller cities the alternating current is more often found. If the alternating current system is on the mains the problem is a simple one, as it is only necessary to connect the main current to the step-up transformer through a well constructed controller. This controller should be one that surely controls if fine gradations of currents are to be employed, for the spark gap which controls these currents very materially, is not sufficient to produce the finer gradations. If, however, the current on the mains is direct, then it must be changed to an alternating current. This is done by means of a rotary transformer. The direct current is utilized to run a direct current motor which in turn is made to run a dynamo giving off an alternating current. Here the direct current from the mains is used as a motive power. A water motor, providing the pressure be sufficient and is steady, may be used for driving the dynamo. A gasoline engine is sometimes employed for this purpose, and can be found in the market with the dynamo attached.

When it is necessary to use the rotary transformer it should be carefully selected. If it is only a two-pole machine it will be necessary to drive it at about thirty-six hundred revolutions per minute. This causes a great vibration, and the bearings have to be carefully watched. If it is a four-pole machine it is necessary to run it at only one-half this speed, which is very much better. I have lately used an eight-pole machine running at only nine hundred revolutions and like it very much. One thing should be remembered, the alternating current whether from the electric lighting mains direct, or from the small dynamo, should be proportioned to the transformer as to voltage and frequency of cycles, and be of sufficient capacity to charge the condenser at a very rapid rate, the more rapid the better, providing the condenser is able to withstand it without breaking down.

The Condenser.

The Leyden jars first used as condensers for high frequency currents are not adapted to the modern machine. It is almost impossible to construct them of sufficient capacity. Under continued use the tin-foil, especially on the inside, deteriorates, sparking takes place and the jar soon breaks. The condenser should be built up of alternate sheets of metal and plates of glass. These sheets can be made in any size, and as many used as necessary. By this arrangement a condenser can be made of as small or as large capacity as may be required. Alternate sheets are connected to form one pole, and the remaining ones connected to form the other pole of the condenser. Some claim an even better condenser is made by substituting mica plate for those of glass, but this is open to argument. Well selected glass will, however, furnish all the insulation required, and is not very liable to break if the whole be immersed in paraffine wax and boxed, which, besides preventing breakage, also keeps out moisture.

It is important that the condenser be properly proportioned to the capacity of the charging apparatus, to the spark gap, and to the inductant. The capacity of the condenser has much to do with the rapidity with which it is charged and discharged, and also the frequency of the discharged currents. Therefore, it is necessary to have more than one condenser, or a condenser which can be tapped for different capacities. A condenser and inductant which will give a sufficient quantity for auto-induction will not give off derivation currents that are of use I know that many makers use one condenser and different inductants for this purpose, claiming that they get just the same results. Theoretically this may be true, but I have tried out many of these machines, and I have yet to find one so constructed that gives the smoothness of current, the comfort to

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the patient when administering it, or the therapeutic results. I believe most thoroughly that there should be a different capacity of condenser as well as a different inductant to insure best results.

The Spark Gap.

This is one of the most important parts of the apparatus. Nothing which constitutes a part of a high frequency machine has given so much annoyance as the spark gap. With proper construction, however, it should now give no trouble. With the older type of high frequency machines, and, in fact, with some of the makes of to-day where the insufficient Leyden jars are used, or any condensers having small charging capacity, it was necessary to use spark gaps an inch or two in length, in order to obtain the high frequency discharges. With the kind of apparatus that I am describing a sixteenth or an eighth, and never more than a quarter of an inch, is required. The discharge from a long spark gap is necessarily very noisy, dangerous to the operator's ears, and annoying to the patient. In order to deaden this noise the terminals of the gap must be enclosed in a box or glass tube known as a muffler. Nitrous acid soon collects inside the glass; this will destroy the spark gap by forming a by-path for the discharge, and the gap ceases to work. The metal terminals will also corrode, and the spark gap will either become entirely useless, or will greatly impair the efficacy of the apparatus.

The approximate ends of a spark gap should be comparatively quite large, from a half to three-quarters of an inch in diameter. The material of which they are composed is important. There are rods made especially for this purpose. The composition is a secret, but they can be bought by any manufacturer of high frequency apparatus. The original outlay is somewhat great, but efficiency and durability make them very cheap in the end. They never corrode, and will run a year without any appreciable wear. They should be fitted with rings or flanges so as to conduct off heat, for, remember, the kind of high frequency apparatus I am describing can be run many hours without stopping, patient after patient being treated from morning till night. The spark gap should be well constructed mechanically and capable of fine adjustments, for it is with this that we get both the finer and greater variations of high frequency discharge.

Since the length of spark is very short the noise is not great, and it is not necessary to cover the gap with glass tubes to muffle it. It is only necessary to place it inside the cabinet when the noise is not in any way annoying but is just sufficient to be a guide to the trained ear of the operator as to how his machine is working.

The Inductants.

The inductants may be briefly stated as a Tesla coil, a resonator, and solenoid. There should also be an arrangement for a condenser discharge through a lamp of the Gorl pattern for producing ultra violet rays.

The Tesla Coil.

This may be made into one large Tesla coil or two separate Tesla coils. The only advantage of the latter arrangement is that a single terminal can be electrified for the energizing of vacuum electrodes or for monopolar X-rays. For therapeutic purposes it is not necessary to immerse this coil in oil, but the insulation should be very perfect, and the whole should then be placed in a box and surrounded with paraffine wax.

The first test that a doctor should put upon the Tesla coil is this: It should give from a glass vacuum electrode a discharge which can be graduated from one just discernible to one very powerful, with the least possible pain to the patient. The latter consideration is most important. The discharge from one coil will be very painful, while the same amount from another will be very bearable. This difference, however, does not entirely depend on the coil, but also upon the frequency of the discharges from the condenser, and the proportion between the coil and the condenser. The coil and the condenser should be carefully balanced and tuned. When this is properly done such a thing as breaking a vacuum electrode is unknown.

Second, this coil should be capable of giving off a powerful X-ray. The X-ray from these coils is admirably suited to therapeutic work, for with a well constructed apparatus the X-ray emanating from a tube energized by a Tesla coil can be graded from a derma ray to the most powerfully penetrating ray without any change of vacuum simply by varying the length of the spark gap. It should also have an arrangement so that the primary coil can be connected with the secondary, making one continuous coil. This, in a way, makes a resonator from which an effluvia can be obtained, and by regulating the rate of the condenser charge and discharge, and the spark gap, it will have a much wider range in character and strength than from any Oudin or D'Arsonval resonator I have ever seen. It is possible here to obtain a mild spray which simulates closely a static spray, or the most vigorous application desired can be secured from it.

The Solenoid.

The solenoid, or D'Arsonval coil deserves most careful consideration in the construction of a high frequency apparatus. In all the early machines the same solenoid was used to produce auto-condensation and derivation currents. The result was that only one was of any use, and more frequently both were useless. There should be two separate coils, and two condensers or capacities of condensers, only part of the original condenser employed for auto-condensation being used to produce the derivation currents. Undoubtedly from the manufacturers' standpoint there are different ways of securing the desired results, but I believe the best results are obtained when a comparatively low frequency is employed for auto-condensation, and a comparatively high frequency for derivation currents. The auto-condensation coil should be capable of giving off a sufficient current to produce, at least, from four hundred to five hundred m. a. on a suitably constructed couch. Naturally the thinner the insulation of the couch the higher the amperage. Now then the insulation may be does not matter providing it does insulate. If there is a leakage the amperage increases, while the therapeutic value of the current for auto-condensation purposes decreases.

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The higher the voltage of this auto-condensation current the more perfect the insulation must be. Whether there is a difference in the therapeutic value of a high or low voltage in auto-condensation currents I am not prepared to say. My personal preference is for the low voltage, as there is not so much danger of accidental shock to the patient.

The solenoid from which the derivation currents are obtained should be energized by a small condenser, and the coil should have but little resistance, giving a high frequency of discharge and a rapid rate of charge and discharge of the condenser. No part of the apparatus needs to be so carefully tried out and balanced as this. The test for the physician should be this: pieces of tinfoil five inches square are placed, one on the front and one on the back of the chest or of the abdomen, with pieces of block tin, which have solid connection with the rheophores, placed over the foil to insure good contact and a current of from fifteen hundred to two thousand m. a. passed with only the perception of an agreeable warmth on the part of the patient. In order to do this the frequencies must be high, there must be a perfect balance between the condenser and the solenoid, the rate of charge and discharge of the condenser must be exceedingly rapid and even, and the spark gap discharges very smooth.

The Resonator.

The best of resonators have not as yet, so far as I have found, been entirely satisfactory. Those which have been constructed by having of a heavy wire the two or three turns of which are used as a solenoid, and the resonator part proper of a much finer wire, have been the best.

The great trouble with the effleuve from the resonator is its severity, and the one thing to be sought is a gentler and milder yet effective spray. In order to do this the frequencies must be high, and therefore the solenoid between the two poles of the condenser must have a small inductance. In the next place, the voltage should be high and the amperage small, which can only be obtained from a long and thin wire forming the top of the resonator. If the resonator is of large circumference,—and it certainly should not be too small,—it cannot be tuned properly by moving the sliding connection of the condenser from one ring to another, as the point of exact tuning might be between. The most perfect instrument is one where the resonator revolves so that the exact point of tuning can be reached.

Ultra Violet Lamp.

Every high frequency machine should be so constructed that the condenser discharge can be put direct through a spark gap lamp of the Gorl type. The spark gap of the condenser discharge is richer in ultra violet rays than where the inductant is used. Of course, the size of the condenser has much to do with the force of the discharge and the rapidity with which the condenser is charged and discharged also has a great effect on the activity of the ray, and shortens the time of exposure required to produce reactions.

One word more should be said regarding a high frequency apparatus. If it is to serve its best purpose it must be as nearly perfect in mechanical details as possible, and only the best of materials should be used in construction. Perhaps the best guarantee in these respects is to purchase from an honest, reliable manufacturer.

Surgery.

RAILROAD SURGERY.

BY C. E. SAWYER, M. D., MARION, OHIO.

No field of surgery presents more trying conditions, more perplexing questions, more necessity of individual resource than does railroad surgery. This is due to the fact that nearly all railroad cases are emergencies. They present under circumstances and conditions that are most unfavorable to successful surgical procedure.

In surgery generally, the surgeon has the privilege of careful preparation. He can choose the most opportune time and the most favorable conditions in which to operate. His subjects may be selected, antiseptically treated, and in every way prepared to bring about the most favorable results.

These constitute great advantages which are denied the railway surgeon. Thus it will be seen that every one engaged in railroad surgery is in a measure handicapped and thereby has increased liability. To minimize this handicap and to set forth some important principles which a proper understanding of the matter demands, I have assumed to discuss the subject here.

Railroad surgery interests and implicates both the surgeon and the company, and it is to illustrate the subject in its various aspects that the following text is given and the accompanying cases cited.

Aside from the direct effect of the injury and natural tendency to real shock which belongs to the majority of injuries resulting from railroad accidents, there is in every case a certain unexplainable influence due to the circumstances surrounding the subject that materially affects the outcome. All surgeons appreciate the shock produced by a serious railroad accident, and all railway surgeons know that there is a certain suggestive influence, which, although it can not be seen or felt, still has a marked effect upon the recovery of every railroad case.

Another important factor, which, by the way, is the most dangerous if not the most serious of all, is that ever present disposition on the part of the injured to fix liability either upon doctor or the railroad company. It is remarkable indeed what a slight pretext will be taken as a cause for civil action and it is stranger still to note the manifest disposition to maligning on the part of all classes of people from all ranks and positions of life while anticipating damages. To the railroad surgeon these matters are of special concern from a professional standpoint, for they jeopardize his reputation. They are also of importance to the company because they subject it to unjust and unreasonable demands, and they are of interest to the medical profession generally because its members are not

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infrequently made subject of ridicule when called upon to give testimony.

The surgeon may be doing all any one can do, he may be applying all the means and methods that modern science afford and everything may indicate that his treatment should be successful. Regardless of this his patient does not recover, this being due entirely to a determination on the part of the patient to fix liability. Because of this the doctor is often considered incapable and becomes the subject of unjust criticism. This being true, it becomes the duty of surgeons, both in self defense and in justice to corporate interests, to aid in every way to provide means for the prevention of these unwarranted conditions. I have known many persons, both among employes and patrons, to go from one physician to another, and from one hospital to another, for no other purpose than to secure additional evidence, or to be able to produce to a jury the names of numerous physicians by whom they have been treated during their illness. This you will all agree increases the difficulties of all concerned, because to the jurymen such evidence is very convincing; they do not understand the motive and they can not judge of the real facts in the case.

I believe that you will likewise agree that this is also very detrimental to the reputation of the surgeon, because your experience no doubt teaches that an individual who travels about from one doctor to another does not say very flattering things of his former physician, and thus there arises a general wave of ill feeling and mistrust as to the ability of surgeons in general.

So it seems that we, as surgeons, from a personal standpoint alone, should prevent the arising as well as the perpetuation of conditions which we know to be both unreasonable and dangerous.

Now, if my premises are correct, if surgeons are really hurt by the conditions and circumstances above cited, then why not make a heroic effort to overcome the difficulties.

To accomplish this all doing railway surgery must get down to the fundamental principles upon which every case rests. First, we must be thorough in diagnosis; second, we should guard our preliminary treatment; third, we should be sure of our after-treatment, and finally, we should stand for right and justice in every case, letting the burden fall where it may.

At first thought it would seem that the matter of diagnosis was very simple, and that this would rarely prove an important factor in railway surgery, but when you stop to consider that a large per cent. of the accidents incident to railway service affect the nervous system, and that the symptoms of nervous diseases, both organic and reflex, are oftentimes very misleading, we at once realize what it means to diagnose correctly.

The following case is presented to illustrate this point:

Not long since a patient was brought to our sanatorium bearing a letter of introduction, stating that the man was the subject of traumatic neuritis, the result of a railway accident. The history of the case showed him to have been an able bodied, hard working, money making and successful traveling salesman. A train on which he was riding ran into an open switch. He was thrown from his seat and his back wrenched. At first his injuries seemed to be slight, but later they became apparently so serious as to incapacitate him completely for his work. The claim agent of the road upon which he was injured called upon him and went over his case carefully and proposed in settlement to give him $750.-00. The patient scouted the idea, claiming a damage of $35,000, quite a difference, you will agree. After he had been under the treatment of various doctors for several months he was sent to me with a diagnosis above stated. I had great confidence in the diagnostic ability of the physician who sent him, and I knew that he would not intentionally make a statement which was not technically correct. Ordinarily, with the symptoms present and the diagnosis given, I should have treated the patient on the lines indicated, but my experience with railroad cases led me to doubt, so I instituted a very careful investigation. I knew that if he had a traumatic neuritis he would have certain physical conditions, certain objective symptoms which could be determined by careful examination. So I proceeded to note the details of the case.

I went thoroughly into the previous history, previous illnesses and injuries, and into all of the minor points of the present attack. Subjectively there were no symptoms missing; he had a neuritis of traumatic origin. Had I been content with the subjective findings, the patient would have continued an invalid, and another railroad company would have been the subject of gross imposition.

Conviction with me means proof based upon objective reasoning, so I set about in this case to take the objective testimony. I knew if I had to deal with a true neuritis that I would have certain zones of disturbances of the heat sense, of the tactile sense, or of the pain sense. I knew that no nerve could be inflamed so as to be wholly or partially out of commission without manifesting some of the objective symptoms; I felt sure likewise that I could not determine these discrepancies by a single examination at a specified time; so I began to study the case and note the findings. To be sure that justice was done the patient and that only positive facts were admitted, the condition of the different senses was investigated on different days and at different hours of the day, care being taken to record the minutest details.

To make a long story short, the result was that we decided the disorder to be a neurosis and not a neuritis. We believed that much of the patient's trouble was due to the suggestive influences under which he had been placed and to a former injury and attack of lumbago. With this conclusion we felt sure that he could not be cured until he was removed from the suggestive influence. So we decided it was best to be perfectly frank with him and tell him just what we found and just what we believed to be true. We called in his family physician and took up in detail the findings of our examination.

We assured him that in our opinion he had no just grounds for extreme grievance against the rail-

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road company, and while we did not advise him what to do, we suggested that it would be better to settle in accordance with the proposition of the company. Now this patient is an honest, straightforward, upright man, he would not willingly wrong any one. He believed firmly that he was entitled to such damage as he claimed. He thought he was right as to the nature of his case, but when the facts were presented for his consideration he saw the point immediately, and at once agreed to take up the matter of settlement with the company in a more reasonable way, thereby saving himself the worry and anxiety of a threatened damage suit, his doctors the chagrin of a mistaken diagnosis, and the company the necessity of self-defense.

If surgeons would be more exact and thorough in their examinations and their diagnosis, if they would endeavor to convince the subjects of their attention that they knew positively what was wrong, if they were more careful, impassive and cautious, they would oftentimes save themselves much discredit and the railway company much liability, so I should say that it is well for us as surgeons to use our influence in educating the people to the fact that misrepresentation and feigning can not exist justifiably, that we know and know perfectly what is wrong, and that these findings would be shown in court. By such a course surgeons would be able to establish a much more favorable position and would also be relieved of much vexation and injury. Therefore I should advise that even though dealing with emergency cases we should be exact and thorough in diagnosis.

Preliminary Treatment.

In the discussion of the question of preliminary treatment it is unnecessary to state that much has been accomplished by the railway surgeon in regard to thorough aseptic precautions. We still find sufficient indifference among some doctors to cause considerable trouble in this particular line, for there are still some who do not appreciate the importance of asepsis and do not practice it in their emergency work.

I know it is not possible for surgeons in the out districts or in the open field to follow the strict routine that is adopted in the hospitals of cities, but because a surgeon can not follow out the rules he sees employed in hospitals is no reason why he should not be surgically clean, for after all surgical cleanliness only implies rigid care in things which may be secured under very primitive surroundings. Sterile water, sterile instruments sterile hands and sterile dressings are all obtainable wherever heat and water, surgical cleanliness and common sense are combined. It is not necessary in the carrying out of real modern asepsis that we possess expensive paraphernalia or have elaborate apparatus.

Another matter of no little importance in the proper handling of the railroad case, or any emergency case for that matter, comes from experience as to the effect of the causative force. It should always be borne in mind, especially in amputation cases, that the line of absolute destruction of tissue is not limited by the line of contact; that is to say, we must, in making a flap, always plan wherever possible to give wide berth to the direct line of injury, since most cases requiring amputation are the result of a crushing force, and this is so great that it not only destroys the part in direct contact, but likewise much of the adjoining tissue, and as this destroyed tissue is sure to slough, it is always better to go at least two or three inches into healthy tissue to get material for a flap.

The following cases are given in evidence of the necessity of special attention to this particular point:

Case 1.—A trackman had both legs crushed about their middle. I knew from the point of application of artificial limbs that it would be better to amputate below the knee, so even at the expense of incorporating in the stump some slightly questionable tissue, I made the amputation about three inches below the knee. The skin flap from its general appearance promised good results, but forty-eight hours showed that I had made a mistake. Sloughing began, a gangrenous condition developed, and within ten days I was compelled to amputate at the lower third of the thigh. Here was a case in which the dragging of the muscular tissue over the bones by the weight of the car completely destroyed the recuperative power of the tissues several inches above the seat of direct contact.

Two years ago a patient, well advanced in years, had the misfortune of getting his right leg under a railroad train. There seemed sufficient material to make a good flap excepting a very small point in the skin, which I presumed would get nourishment enough from the surrounding tissue and by the collateral circulation to keep it alive and make it heal. The part in question was not larger than a ten cent piece, and came about the center of the stump after the flap was completed. To save the knee I took a chance on this particular point. For several days things seemed to be going reasonably well. Soon, however, a necrotic condition began to present in this small point of lacerated tissue, and from this the entire stump became infected, the stump lost its normal appearance and began to slough very rapidly, making it necessary to do a reamputation, and at the same time to wait for a long period of tardy convalescence and granulation, which would have been prevented had the operation been done with regard to this liability in the first place.

With such experience to prompt me I am always sure now to give a good wide birth to all tissue that has been under any severe crushing influence and well without the field of contusion and laceration, for I have learned that although the skin may not be badly abraded or badly contused, that it may have been drawn down so tightly under the weight of the crushing force as to destroy its capillary circulation entirely, and in that event it will die in spite of anything that can be done.

In the matter of after treatment it is all important that railroad cases be given plenty of fresh air, they are accustomed to it in their daily work; they should be given a light diet, else they will overfeed themselves and thereby bring other complications. They should be kept free from the visitation of all excepting their own family else the surgeon will have the unfavorable suggestion of some friend or acquaintance that will prove harmful to the recovery of the case. It is often in the early

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days of an injury of this kind that impression as to liability and the thought of damage suits are set up and thus the best of results are prevented and prolonged convalescence is instituted. Thus it will be seen that he who engages in railroad surgery has special requirements to meet, and if he would do justice to all concerned must not only be capable of surgical skill, but must likewise be resourceful in ways and means that anticipate and prevent unjust claims on the part of the subject.

The Hospitals.

NEW HOMŒOPATHIC HOSPITAL IN SPRINGFIELD, MASS.

We extract the following from Dr. J. P. Sutherland's address at the opening of the new Homœopathic Hospital in Springfield, which relates its history:

"Surely every patient who may enter this hospital for help and healing will feel the hospital to be more truly a home, if he is told the homely and beautiful story of how the hospital came to be. Let him be told of how Mr. and Mrs. Daniel B. Wesson gave, in January of the year 1900, through their honored and beloved physician, Dr. J. H. Carmichael, for the use of the sick of the city of Springfield and its neighborhood, the house that for many years had been their home, the enfoldment and the expression of their kind and useful and blameless lives. This, once their home, was given freely, to become a home for the homeless, a hospital where the sick of their city could receive the benefit of Homœopathic treatment, which was the medical belief and practice of the donors.

"Through the efforts of friends the sum of $10,000 was raised toward adapting and maintaining that house for hospital uses, and in November, 1900, it opened its doors to the sick and poor. Some months afterward Mr. Wesson, again through his physician, gave a thousand dollars to be expended for the care of the needy poor of the hospital. When, at the end of the year, it was brought to his notice that of his gift the expenditure of $650 had relieved the necessities of 32 patients, he made the characteristic comment, 'How surprising that so little money can do so much good! Reflecting upon this there grew in his practical mind and his large heart the plan which to-day takes shape before us, rounded and complete. At first his purpose was to offer to meet one-half the cost of the building and its equipment. But on the day his beloved wife rallied from a condition that threatened to end that life dearest to him he decided, with her urgent and affectionate approval and with her help, to assume, as a thank-offering for her improved condition, the entire expense of this building and its equipment. Thus to-day it stands the Wesson Memorial hospital, breathing from roof to foundation the atmosphere of the loving kindness, the faithfulness, the simple piety, the ungrudging generosity, from which it took its being. Surely such an atmosphere is a heritage even more precious and even more sacredly to be guarded than is the wealth which is its outward embodiment and expression. And surely this occasion which calls us together is one of rejoicing, of congratulation, of felicitation. We are gathered together to pay tribute to the honored and beloved donors of this magnificent, beautifully appointed, perfectly equipped hospital. We are to recall their virtues and bear testimony to our appreciation of the spirit which prompted their noble action. We are gathered together to dedicate to its high uses an institution that is intended to serve humanity in its hours of bitter need; to relieve suffering, to bring comfort and health.

"We are here to congratulate the people of this community on having in their city a hospital that is not only in itself an ornament, but is so admirably fitted to perform the great functions of such an institution. Such a hospital is a benefit to any community, far beyond the immediate and specific uses it performs; manifold, vital and beautiful as these uses in themselves are. Its existence is a perpetual help and solace to the poor, consoling them with the promise that should sickness come upon them they may be assured, however impoverished, they may find themselves, of as comfortable surroundings, of as skilled care as could minister to the needs of any of their more fortunate neighbors. Such a reflection in itself must do much to bridge the gulf between rich and poor, to nullify the teachings of the anarchist. Its existence is a perpetual suggestion and inspiration to the rich, reminding them by its very presence how good a thing it is that when a rich man rests from his labors such work may follow him."

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

The Hahnemann Medical Association of Louisiana met in annual session Jan. 14, with a good attendance from the city and country. Dr. C. R. Mayer presided.

The Chairman on Medical Transactions, Dr. E. Harper, reported all papers read before the society had been published.

The Clinical Committee reported all department working at the Clinic, good results had been accomplished, and that the Department of Dentistry had been added with Dr. E. Belden in charge.

Drs. E. Harper and G. Aiken were elected delegates to the American Institute of Homœopathy, and Dr. R. Moth to the Southern Homœopathic Medical Association.

The President delivered his annual address and the following papers were read:

The Use of Dental Antiseptics, Dr. E. Belden, New Orleans.

Electricity as an Adjunct, in Treating Diseases, Dr. R. D. Voorhies, Lafayette.

A Plea. Dr. John T. Crebbin, New Orleans.

The following officers were elected:

President, Dr. C. R. Mayer; Vice President, Dr. Edward Harper; Secretary, Dr. Jno. T. Crebbin; Treasurer, Dr. R. D. Voorhies.

The chair appointed Dr. E. Harper on the Committee of Medical Transactions, and Dr. R. Moth on the Membership Committee.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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APRIL 1, 1907.

Editorial.

OBSERVATIONS ON LEGISLATION.

Were the Roman Catholic Church in the United States to instruct its priests to apply to the legisture of each of the States to secure a law establishing in each a board of religious examiners to pass upon the fitness of all who wished to enter the clergy, and that the boards thus created should always have a majority of Roman Catholics thereon, we fancy there would be a protest. Indeed the framers of our Constitution foresaw what might happen when they divorced church and state, or rather provided for a non-union. They did not, and could not, foresee the needs of a century later in medicine, when a great profession exists, having sects like the church, aiming to protect the physical part of the human body as the church aims to protect its spiritual part. Had they foreseen this they would have provided for a non-union of state and medicine, for the state has no more right to govern medicine than it has religion. If sects in religion abuse the common laws as in the practice of polygamy by the Mormon church, there are legal remedies. If there were sects in medicine that had anything antagonistic to the common law there is a remedy, but for the state to dictate how a man should worship his God or how he should have his diseases treated is overstepping the grounds of American liberty and common sense.

The allopathic school of medicine for some years has been gradually assuming that it has the right to govern all things medical in the United States. It has perfected a magnificent organization for this purpose, and that it is succeeding nobody will deny. And why is it succeeding? Simply because the other schools of medicine that have so successfully combatted the domination have fallen asleep. It is the avowed purpose of the allopathic school to extinguish completely the homœopathic school, the eclectic school and all the minor sects of medicine. This has for a half century been its aim. Its first act was to call itself "regular" medicine and its priests "regular" physicians, a shrewd compliment of irregularity to all others. How did we combat this? By having courts define a regular physician, and they have defined it properly and not at all in accord with the intended meaning of the old school. Then followed an era of mud-slinging vituperation and ostracism, but the other schools fought back, flourished and grew. Dismayed at this, a honey process was inaugurated, which enmeshed a few whose loyalty was always questionable, a few of the barnacles of the reformed schools were thus removed, and the ships of these schools sailed on better than ever. This honey process has not been adandoned, however. It is still on deck, and to it are due the concessions that are being made in the present status of affairs.

Owing to this there is at present a great activity all along the lines, and the organization known as the A. M. A. is putting forth its constant endeavor to secure more power all over the United States, relying on the honey process, and the fact that this is keeping the representatives of the other schools in their dormant state. The history of the winter just passed should cause these to awake and face the situation as it is. We have seen that in New York there has been much activity shown to pass the single board bill and that the other schools were to have the hot end of the poker. In Pennsylvania the same process has been carried on. In these two States all has not been plain sailing, and there has been obstruction placed in the pathway. In Texas there has been the same process and the success there has not been what was desired, but the single board bill has passed with dissatisfaction to all, but this dissatisfaction will, so far as the old school is concerned, be corrected next time since the wedge has been entered. In these three States the three board examining bill has given satisfaction to the other schools and for that very reason was inimical to the purpose of the A. M. A. Hence the activity. Nor is this all, in Iowa it was thought time to make an attack on the homœopathic department of the State University, for the State University departments have been a sore thorn in their sides. A bill was introduced to abolish chairs in the homœopathic department, which, happily, went down to ignominious defeat.

Thus all along the line there has been unusual activity. In each of these States the homœopathic and eclectic physicians have been roused to see the threatened danger, and we are confident that good will come out of it.

Another thing the A. M. A. has arrogated unto itself is the fixing of educational medical matters in our homœopathic colleges to suit its own needs.

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The deans of our colleges have all recently received a request from the secretary of that body to make certain reforms, and advances, or changes in the curriculum of our colleges, all honeyed over with the sweet advantages of higher education and placed before us in such a way that if we refuse to accede to the request we will be immediately accused of seeking to lower the standard.

Could anything be more impudent than this? What have we to do with the council of medical education of the A. M. A.? We have our own American Institute of Homœopathy, our own educational council therein, as represented by the Intercollegiate Committee, and we have not yet heard that this council has made any requests of the colleges of the old school represented in the council of the A. M. A. If we did we should have the right to expect the same answer that we should give to them, namely, that the affairs of the homœopathic school in no way is their concern neither are its colleges nor societies affairs in which they have any right to meddle. The sooner the American Institute of Homœopathy and the officials of our school take this stand the more respect we will command on all hands. Ours is the older national body, and it has a prerogative in the matter of our own affairs that it should not think for a moment of surrendering. It is up to us to take immediate action in this direction.

If there is a State in the Union where Homœopathy has received a fair deal in all of its requests it is in the State of Michigan. We have our university, our asylum for the insane, our fine hospitals, and for many years the medical charge of the home for the feeble-minded. It seemed almost as if it would be impossible for any unfairness or discrimination to creep in in Michigan. Alas, the day came when the homœopathic force of Michigan had a split, and immediately the A. M. A. inserted the point of its wedge. It did not drive it any further but waited its time. A bill known as the Chandler bill was passed in 1899, providing for a single board of medical examiners in which the Homœopaths concurred, thinking in their security that they would have fair play, and that no unfairness would dare to be attempted. Then, as is usual, the homœopathic part of the profession fell asleep. This bill was no more satisfactory to the A. M. A. than are all the bills that are first passed by legislatures creating single boards in which there is representation of the other school. The first thing to do is to get the single board or the wedge in. Then the rest is easy unless the sleeping Homœopaths awake, but the soothing process is continued, and the cradle is rocked to prevent the awakening. It is a good illustration for other States to see how the game has been worked in Michigan. An amendment to the Chandler bill was introduced in 1903 to drive the wedge in a little further, and a homœopathic physician who was a member of the legislature was induced to present and father it. There were a few shrewd minds who saw its danger and offered some opposition, but there was no united action among the Homœopaths of the State and the bill, seemingly innocuous, passed. But how did it pass? As originally presented? By no means. A rider was tacked on at the last moment which so enlarged the power of the board as to give them complete control of medical education in the State. It was in this wise: In the original bill there was a provision that a diploma from a high school, academy, college or university having a classical course should admit to the medical colleges of the State. No objection to this, of course. To nullify this provision, however, at the last moment the following rider was added: "The Board of Registration in Medicine shall, from time to time, adopt and publish a minimum standard of medical education, and no medical college shall be approved and designated by said board under this subdivision one of section three unless, in the judgment of the board it conforms with such standard."

Could anything give more power than this? Not only can this autocratic board meet and change entrance requirements at pleasure (and it has done it already once or twice), but it has it in its power to place prohibitive restrictions upon any individual that it may see fit. We know of an instance where a certificate of entrance was refused a young man, a high school graduate, who had counts far in excess of the number required because he was one-half unit behind in Latin, the excess of counts that he had in other branches were not permitted to come to his assistance. Further, before any action is taken in any case it is necessary for the student to declare the college he wishes to enter. If to a homœopathic college his case becomes at once an object of careful study. What of the homœopathic part of the board? Do they not have any voice? No, they are under the influence and sway of the smooth king-pin of the board, in this case the secretary, who does all this work without consulting his co-laborers, for is he not "acting under the law?" When a medical board of examiners presumes to pass upon the common school and literary colleges of a community it becomes necessary to call a halt and enquire where we are at. When the secretary of a board of medical examiners states, as we have been informed has been done in Michigan, that there would be within a short time only one college in the State and no homœopathic department to that, and when all his actions tend to show that this is his object, it is time to clip wings lest the soaring become too high.

Not seeing the way clear to do all this without further legal authority another bill has been introduced into the legislature the intention of which is to give the wedge another forward drive. Even in the preparing for this bill the committee to which it would have to be referred was arranged for by

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having thereon several allopathic physicians. This was carrying things too far in a State where a united homœopathic profession can have justice at the hands of legislators any time it applies. The homœopathic profession has awakened, stretched, and after its long sleep is uniting and vigorously applying itself to combatting the bill. Not only this, it is about to introduce a bill providing for a homœopathic board of medical examiners separate and distinct and purposes to place the matter of entrance to medical colleges in the hands of the State board of education where it rightly belongs rather than to leave it in the hands of a political board of medical examiners.

We trust in the fairness of our legislators in Michigan, and we believe this bill will pass without many dissenting votes. It is our opinion and advice that there be an arousing all over the country and that similar bills be introduced into every State legislature in the country. We can afford to take into our hands some of this "annual legislative interference." Nor should we ever lose sight of the fact that we stand for the highest grade of professional requirements. We should not fail to impress the fact that a homœopathic college was the first to establish a three years' compulsory course in medicine, antedating by twelve years this feature of old school instruction, and that it was the first to provide the four years' course. It will be unnecessary to impress legislators that the cause of medical education has anything to suffer from a school that has always taken this advanced stand.

EDITORIAL BREVITIES.

Spasmodic Virtue.

What a spasm of injured innocence and virtue runs through the editorial in the New York Medical Record of March 2d. It wonders that there should be any opposition to the single board on account of the fact that all schools should desire to have educated representatives, etc., etc. It thinks as long as no examination is needed for the department of therapeutics, or the treatment of disease all could be on the same level, etc. It advances the senile idea that if the three board plan is preserved it may some day reach a ten board system, etc., but it forgets to add that a two-thirds representation may some day become entire, which is not so senile, and then it goes on to talk of no monopoly in the art of healing. We do not believe that Governor Hughes could conscientiously sign such a bill without stultifying himself, for in his Washington Birthday oration before the University of Michigan, he denounced in good set terms the controlling of any business, trade or profession by any process of legislation.

The Registration of Nurses.

The following clipping is of interest:

The New York State Board of Regents, acting under the so-called law for registering nurses, in January, 1906, used the following questions:

"State the probable cause of convulsions in the new-born, and give treatment.

"Describe cholera infantum and give treatment.

"Give the treatment of croup.

"Give the causes, symptoms and treatment of rickets.

"What does hæmorrhage before labor usually indicate? Give treatment.

"Describe the processes by which bacteria multiply.

"Name three diseases in which bacteria are thrown off by the skin."

They, too, are tinctured with the idea that the nurse is a doctor. What is the meaning of all this "treatment" by nurses? Have they supplanted physicians in New York?

The registration of nurses savors of trusts and trade. A monopoly is wanted and a blow is struck at the fireside to get it. The nurse who is registered by law in New York who can answer the above questions is not going to give up the charge of a case to any common, ordinary physician, and the common ordinary physician will, ere long, be looking for some good motherly woman to take charge of his cases, and until the board of regents gets an act passed forcing the people at large to let them select their nurses for them there can be no objections.

DR. J. H. McClelland's Fortieth Anniversary.

The East End Medical Club, of Pittsburg, held a notable session on Saturday, the 2d of March. The club meets regularly once a month, being entertained in succession by its members. The entertainment last month was at the home of Dr. J. H. McClelland. It was very fitting that the members should meet with him on this occasion. Dr. McClelland graduated from Hahnemann, of Philadelphia, on Saturday, the 2d of March, 1867, this day being the fortieth anniversary of that important event.

It was known to the members that the day was a red letter one, and almost to a man the membership attended. Dr. McClelland called the meeting to order, and after routine business, introduced Dr. Royal S. Copeland, of the University of Michigan at Ann Arbor, who addressed the society on the question, "Has Homœopathy a Scientific Foundation?"

Following the formal session, congratulatory addresses and remarks were made by the different members and visitors, and Dr. McClelland was quite overcome by the kind and truthful things which were said to him. He modestly responded, and then invited the guests to an elaborate repast. Everybody lingered about the tables, and it was not until a late hour that the company dispersed, voting it the most successful session the society has ever held. Each guest took with him as a souvenir of

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the occasion two photographs, one representing Dr. McClelland in 1867, and one as he is known to our readers to-day.

The Century joins in congratulations to a man

who has been a member of the profession for many years, who has held all the important offices within the gift of the profession, and whose work in the organization of Homœopathy will be remembered so long as the monument at Washington shall stand.

Editor's Table.

GENERAL NOTES.

Thomas Bailey Aldrich, who died last month at the age of 71, was one of the eminent patrons of Homœopathy from Massachusetts. His literary fame was extensive, and he is one of the last of the old guard of Massachusetts literati. Mr. Aldrich figures also in homœopathic literature. He was the editor of "The Pellet," a publication issued in the interest of the Massachusetts Homœopathic Hospital Fair, in Boston, 1872.

His Majesty King Edward recently and graciously sent a gift of linen for the use of the patients in the London Homœopathic Hospital.

Our English brethren contributed most liberally to the homœopathic fund of San Francisco. A little over $250 was recently transferred to the authorities of the Hahnemann Hospital of San Francisco.

The British Homœopathic Review appears with the March issue. It is the old "Monthly Homœopathic Review" dressed up in fine style, looking better than ever, and as full of good things as ever.

Dr. R. S. Copeland, of Ann Arbor, who was the guest of honor at the meeting of the East End Medical Club of Pittsburg, last month, was entertained at dinner by Dr. W. W. Blair, of that city. We also learn from our correspondent that his address, "Has Homœopathy a Scientific Foundation?" met with much favor and praise.

The report of Grace Hospital, Detroit, for 1906, shows continued prosperity of that institution. The executive officer of the medical staff is Dr. H. R. Obetz, former dean of the Homœopathic Department of the University of Michigan.

We understand that the Denver Homœopathic College has one of the largest senior classes in its history. We can find place for them all, and more, too.

We desire to express our sympathy to Dr. W. Carey Allen, of Colorado Springs, in the loss of his wife and daughter.

The Miami Evening Record of February 26th reprints Dr. A. Leight Monroe's article in our February issue on Miami as a health resort.

The Missouri Institute of Homœopathy meets in Kansas City on the 22d, 23d and 24th of this month. This is always a good meeting, and well attended. We hope to be present, but it may be impossible; we shall have a representative present.

Dr. James Krauss, in some remarks in the New England Medical Gazette on the papers of Drs. Cabot and Wesselhœft, offers a practical suggestion as to a trial in the various hospitals in Boston, by opening two adjoining wards and allowing each school equal privileges, noting the results. In one ward homœopathic treatment prevailing, and in the other allopathic. The two schools to work side by side, one under the supervision of the other. A trial is all we have ever asked, and such is worth all that has ever been written or spoken on the subject put together.

San Francisco has a materia medica club, which we learn is doing good work. Among its membership is Dr. E. R. Bryant. Think of Bryant studying materia medica, and then talk about the decline of Homœopathy!

Nearly one hundred patients were admitted to the Hahnemann Hospital of San Francisco during January. This is a pretty fine showing for an institution that has been founded, wrecked and wellnigh bankrupted within a twelve month.

The "unnamed author" who makes a charge, in the New York State Journal of Medicine, against a "pharmacist of a large homœopathic hospital," that he had "related to him," is without any question relating stuff that pure pipe dreams are made up of. That the editor of the above periodical is capable

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of permitting such a cowardly thrust at Homœopathy is shown up by his terse letter to Editor Bishop in the Cleveland Medical and Surgical Reporter for March. Such instances as these should convince Dr. Cabot that the "new generation" of which he speaks is not so formidable after all, and that if he would have true medical liberty he should come over into the homœopathic camp where he belongs, and we could cite the examples of a score or more of university professors in the past quite as eminent who did this very thing. Of such men was our early history composed.

We clip the following from the daily press: "The State Medical Board of California has forty-six mandamus suits against it. The allegations are that certain physicians who control it are maintaining a doctors' trust and keeping physicians from other States from securing licenses in California. Among those barred, it is alleged, is Dr. Charles English, of Washington, D. C., who was the family physician of the late President Benjamin Harrison." There is bound to be a reaction against the examining boards and the sooner the better.

A bill was introduced into the Iowa Legislature to abolish several chairs in the Homœopathic Department of the University. Of course it was introduced by an allopathic physician. It caused a storm of disapproval throughout the State, and was killed in the committee by a vote of 9 to 4.

We have heard it said that the California single board is satisfactory to our school. We do not believe it, and granting that it is so, it is not satisfactory to the allopathic school. The Pacific Medical Journal for February, 1907, heads its editorial "Much Needed Legislation," which seeks to put the appointing of the board of examiners where it can be controlled to give them not majority representation but entire mastership. Thus it will be in every State where there is a single board.

A red letter day for Homœopathy in Springfield, Mass., was February 25th. The new Wessen Homœopathic Hospital was opened with appropriate ceremonies. The address of the occasion was delivered by Dr. J. P. Sutherland, of Boston, Mass.

Dr. O. R. Bonnewitz, of 604 West 112th street, sends greetings to the Medical Century in an appreciative way. Such always wakes us up and makes us feel better, and we need this kind of stimulus.

The kinetoscope has been used in vaudeville shows for many years. Recently in Europe views of surgical clinics have been introduced. The amputation of a leg is a scene that is likely to excite interest, and no doubt there are many others that would amuse the public.

We received a call from the courteous representative of Armour & Co., Mr. Scruggs. As food purveyors for the well Armour & Co. are well known, and some of their food products for the sick are deserving of attention.

Dr. James Searson is a candidate for the London City Council, West Marylebone division. His American friends, one and all, wish him success.

A movement is on foot in Toledo, Ohio, among the physicians to blacklist all who do not pay their doctor's bill, and to refuse such medical aid, even in emergencies.

The thirtieth alumni anniversary and alumni day of the New York Homœopathic College will be held on May 16th with a banquet in the evening. Dr. W. W. Blackman, of Brooklyn is the President for the present year.

A local homœopathic society has been organized in Muskogee, Indian Territory. The president is Dr. H. J. Hughes, of that city, an excellent physician enjoying a large practice and a popular citizen. The more societies the better.

The allopathic effort to secure the controlling majority of the board of examiners in Texas failed. They secured but five out of the eleven composing the board. We fancy there will be the usual "annual legislative interference" in Texas until they get control.

It will be necessary to notify the Jamestown Hotel Corporation, Norfolk, Va., previous to June 1, 1907, to secure accommodations for the meeting on June 17th to 22d of the American Institute of Homœopathy.

A two-page article in the St. Paul Pioneer Press of Sunday, March 10th, is devoted to the question of tuberculosis. It is one of the best articles on the subject we have ever read. It was written by Dr. Reginald B. Leach, of St. Paul. The doctor is one of the thinkers of our school.

Dr. H. F. Biggar spent part of last month in the May-like weather and fine country centered around the Hampton Terrace Hotel, of Augusta, Ga. Probably golf was also an attraction.

"The fact that Dr. Monroe will have his lectures in the Medical Century would induce me to take it," writes one of the doctor's students, and he continues, "He has a happy way of putting things so that they stick. I have been helped out of many a difficult place by remembering some peculiar characteristic of a remedy which would have escaped me had it not been for the peculiar epithet he applied to it." The doctor's introductory letcure appears in this issue.

President Hooker, of the American Institue, is making an energetic campaign to strengthen Homœopathy and the Institute. He has already made addresses in New Haven, Conn.; Worcester, Mass., and Providence, R. I., and this month he is to speak in Boston on the 10th, Philadelphia on the 12th, Pittsburg on the 13th, Cleveland on the 17th and Chicago on the 19th. The good that will be done by this personal appeal of the president should be great, and his sacrifice of time and money (for all this is at his own expense) is certainly praiseworthy.

IOWA NEWS

BY M. A. ROYAL, M. D., DES MOINES, IA.

The Clarke bill, introduced in the Iowa Legislature by Dr. Clarke, a member of the House from Jefferson County, whose purport was to do away with three of the five chairs of the College of Homœopathy in the University of Iowa, was quietly put

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to sleep by the committee of which Dr. Clarke was a member. Dr. Clarke stated in the bill that it was introduced in the interest of economy. In his argument, before the committee, he stated that he did it for the good of the homœopathic schools, stating further that among those whom he loved most were homœopathic physicians. All his work and talk secured only three votes out of sixteen of the members of the Committee on State University, to which the bill had been referred.

The Des Moines Homœopathic Society, at its regular meeting, on Tuesday, March 12th, unanimously, to organize a Stock Co. to erect and equip a homœopathic hospital. The hospital will be for the use not only of the homœopathists of Des Moines but also for those of the neighboring cities. There are thirty homœopathic physicians in Des Moines, and nearly all are active members of its society.

The work in the College of Homœopathic Medicine of the State University of Iowa has seemed satisfactory to all concerned the present session. The new surgeon, Frank E. Titzell, is giving good satisfaction. The hospital has never been so crowded as it has this year. The members of the faculty and board of regents are soon to meet for the purpose of discussing the plan of building an addition.

Among the many who have so loyally supported the hospital, by sending patients, is Dr. R. A. Jacobsen, of Exira. Although only three years since he graduated, Dr. Jacobsen has worked up an extensive practice and sends his surgical cases 225 miles rather than have them operated on by surgeons of the old school.

The kidnaping of the young son of H. N. Marvin, of Dover, Del., has brought sadness to many an Iowa heart. Dr. Marvin was for many years the leading physician of Sioux City. The mother of the kidnaped boy was also a physician, member of the A. I. H., ex-vice president of the Hahnemann Medical Association of Iowa and of the Sioux City Homœopathic Medical Society. She died last fall, leaving an infant only a few days old. Dr. Harvey Marvin, half brother of the kidnaped boy, is a graduate of the College of Homœopathic Medicine of the State University of Iowa. The Marvins have the sympathy of the profession of the state.

Dr. E. G. Linn, formerly of Mt. Pleasant, Ia., a brother of A. M. Linn, of Des Moines, has settled in Des Moines and is to make eye and ear work a specialty.

Dr. Jennie Coleman, who for so many years has been physician to the Benedict Home of Des Moines, has just returned from a long visit in the West where she took a much needed rest.

The Hahnemann Medical Association of Iowa will hold its annual meeting in Iowa City May 15th and 16th. Preliminary reports show that the usual number of good papers will be presented and discussed.

OBITUARY.

Dr. Horace Still,

Norristown, Pa., March 1st, æt. 51. Hahnemann, of Philadelphia, 1877.

Dr. Frank W. Homer,

Spokane, Wash., February 23d, æt. 38. Hahnemann, Chicago, 1897.

Dr. M. W. Sweeting.

South Butler, N. Y., æt. 80. New York Homœopathic College.

Dr. T. S. McFarland.

Formerly of Sedalia, Mo., died in Tucson, Ariz., February 11th, æt. 38. Chicago Homœopathic Medical College, 1894.

Dr. George H. Nichols,

Stamford, Conn., died February 17th, æt. 43. New York Homœopathic College, 1886.

Dr. E. S. Northrop,

Los Angeles. New York Homœopathic College, 1879.

Dr. Louis L. Laronge,

Cleveland, February 25th. Cleveland Homœopathic College, 1893.

Dr. Pemberton Dudley,

Of Philadelphia, died on March 26, at the age of 70 years. Dr. Dudley has always occupied a prominent place in homœopathic circles. He was one of the founders of the Homœopathic Medical Society of Pennsylvania. Was formerly editor of the Hahnemannian Monthly, secretary of the American Institute of Homœopathy, and its president in 1896. He was on the faculty of Hahnemann College of Philadelphia for many years, and its dean. Hundreds of students will recall his earnest manner and lovable qualities.

A Tribute to John C. Sanders, M. D.

By the Medical and Surgical Staff of the Cleveland Homœopathic Hospital, February 6, 1907.

Dr. Sanders was selected as one of the medical staff of this hospital organization in 1868. For nearly forty years he was always prompt and faithful to the duties that the hospital board assigned to him in charity work.

During the Spanish-American War this hospital threw wide its doors to the sick soldiers that had returned from fighting their country's battles. Dr. Sanders was the physician in charge. In August and September he treated eighty-seven soldiers with no deaths, making a record for Homœopathy and himself. The hospital superintendent says:

"Dr. Sanders was very faithful in the performance of his duties in the hospital, coming every day to visit patients while on duty. He was a lecturer to the training school for nurses. His lectures were instructive, and at the request of the nurses gave extra lectures. He was looked up to with respect by all connected with the hospital."

To the chairman of your committee the death of Dr. Sanders was a sad epoch in his life. I knew him as a boy over seventy years ago; without a care, a face full of sunshine and happiness. I knew him as a young man in his college life, full of energy, hope and ambition. I knew him in middle age; a

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life well rounded up, rich in thought and action. We all have known him in the winter of his life, and many of us here, to-day, have listened to him as a teacher in his specialty in college work.

The medical profession has been made better and wiser for his having lived. We all know that his love for humanity and for his patients was foremost in his life. These traits in his character gave him high standing in Cleveland as a citizen and as a physician.

Our medical societies and our medical literature have been enriched by his pen. His whole life was spent in storing knowledge that he might enjoy himself in his declining years. By his studious life he elevated himself to the literary people of this age, thereby benefiting those whom he came in contact with.

We rejoice to-day that such a man has lived, and that we have been associated with him in hospital work. The treasures he laid up in this world were charity, piety, benevolence and sobriety. All these gems in life he has taken with him to the Great Beyond, where we trust his abode will be more beautiful, more happy, more congenial spirits, more progressive than the one that he has left behind him, where his knowledge and wisdom will entitle him to one of the higher spheres in the kingdom of heaven.

"We'll hide his loving memory in our hearts;
We'll follow in the pathway that he trod;
We'll make each day another step upon
The stairway leading up to him and God."

Committee,

D. H. Beckwith,
H. H. Baxter,
H. L. Frost.

Your committee submit this tribute and ask that it be spread upon the minutes of this organization, and request that a copy be sent to the family, also to the Cleveland Medical and Surgical Reporter, American Magazine and Medical Century.

HOMŒOPATHY IN OKLAHOMA.

BY J. HENSLEY, M. D., OKLAHOMA CITY, OKLA.

The fires are being kindled all along the lines; Homœopathy is asserting itself in our coming new State, and making rapid progress everywhere; choice fields are being taken by able and competent physicians.

The influence going out from our State Society, like the "leaven," is spreading.

Oklahoma county homœopathic physicians organized a local society last week by electing Dr. F. W. Hardenstein of Oklahoma City, president; Dr. Arthur M. Ruhl, of Edmond, vice-president; Dr. Wm. H. Smith, of Oklahoma City, secretary and treasurer. They adopted the constitution and by laws of the Oklahoma Institute of Homœopathy with such changes as will be necessary to a local society.

The object of the society is to cultivate fraternal fellowship, mutual benefit as physicians, and to advance the interest of Homœopathy in every honorable way.

The society will meet monthly, and at each meeting some member of the society will present a paper on some medical topic, followed by open discussion by the members.

Last week the homœopathic physicians of Muskogee, Indian Territory, organized a local society by electing Dr. H. J. Hughes, President; Dr. L. H. De Vasher, Secretary; Dr. G. J. Ganon, Treasurer.

Dr. Hughes writes me they have organized for business, and that he expects to attend the American Institute at Jamestown.

Tulsa homœopathic physicians expect to organize a local society soon. I am receiving encouraging news from all parts of our coming State, and I feel assured we will be well represented at the Jamestown meeting.

LETTER FROM TEXAS.

Waco, Texas, March 5, 1907.

Editor Medical Century:

Please publish in your next issue the following facts:

Texas has dozens of towns of 2 000 to 6,000 population without homœopathic doctors. We want good homœopathic physicians and surgeons in all of these. The well qualified Homœopath who will come to stay in one of these towns will succeed.

H. B. Stiles, M. D.

ATTENTION, CLASS OF '77.

New York Homœopathic Medical College and Hospital.

Our 30th anniversary is to be celebrated on Thursday, May 16th—Alumni Day. Arrangements will be made to have a '77 table at the alumni banquet, of which you will receive further notice.

Come out, every one; let us see how you look now and compare that with your old class picture.

Reserve this date and write at once to either of the undersigned that you will be present.

W. W. Blackman,
519 Clinton Ave., Brooklyn, N. Y.
John L. Moffat.
1136 Dean St., Brooklyn, N. Y.

The Diseases of the Nose, Throat and Ear.

By Charles P. Grayson, M. D., Clinical Professor of Laryngology, Medical Department, University of Pennsylvania. New (2d) edition, revised and enlarged. Octavo, about 550 pages, with 152 engravings and 15 plates in black and colors. Cloth, $4.00, net. Lea Brothers & Co., Philadelphia and New York, 1906.

This second edition presents the three subjects in a very clear manner. It is the exactness and completeness of the various subjects and operations that make the work valuable. It is a volume that appeals to the reader and is valuable to the student, practitioner and specialist.

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Homoeopathics.

HAS HOMŒOPATHY A SCIENTIFIC FOUNDATION?*

BY ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICHIGAN.

We are gathered here to-night to honor one who has given to the cause of Homœopathy a long life of noble service. Forty years ago to-day, also a Saturday, the 2d of March, 1867, James H. McClelland graduated from old Hahnemann, proud, as his diary of this date reveals, to receive the degree of Doctor of Medicine from a homœopathic faculty. Rarely is it vouchsafed to any man to serve his day and generation more acceptably than has Dr. McClelland. So long as the Hahnemann monument shall be pointed out to Washington visitors and so long as men know the history of Homœopathy, the name of our friend will live in sweetest memory.

However, Dr. McClelland would not thank your speaker were he to spend this hour in encomiums. Through these four decades the Doctor has been too interested in the propagandism of our common cause to listen to the siren song of personal praise or adoration. His eye has been single to the material advancement of Homœopathy and its improvement as a system of therapeutics. Knowing his inclination, it has seemed appropriate that tonight we consider together some of the fundamentals of our system. Radical changes have occurred since Dr. McClelland entered the profession. The theory and the practice of medicine are vastly different than they were even a dozen years ago. Modern research and modern science are taking huge strides these days and, naturally, the thinking Homœopath inquires regarding the homœopathic belief. Has it a constitution substantial enough to compete with present day science?

Personally, your speaker believes modern science has produced nothing which need frighten the followers of Hahnemann. Indeed, the recent views are serving to substantiate the eternal verities of our system. In order that the profession may be awake to this fact is, perhaps, excuse enough for frequent repetition of personal views already familiar to many who are present tonight. Anyhow, let us review the testimony and then, with Paul, thank God and take courage.

Has Homœopathy a scientific foundation? In order that this question may be discussed with any degree of intelligence, we must establish some cardinal propositions. Some conclusions may then be reached which are true or not, according to the reliability of the original statements. These propositions place the whole theory of disease and therapeutics upon a chemical foundation.

To the Homœopathist, there is a measure of satisfaction in the prevalent trend of thought in the dominant school, and in the scientific world at large. The work of Ehrlich, of Metchnikoff, of Arrhenius, of Oswold, of von Behring, of Wright, and of others, has caused us to read Hahnemann's views with renewed interest. Through Hufeland's Journal, in 1796, as is well known, Hahnemann promulgated a new principle for ascertaining the curative power of drugs. In this essay, he considered the prevalent theories of his time as they related to the subject. He demonstrated their worthlessness, first, by overthrowing that one which proposed to determine the medicinal power of a drug by mixing it with newly drawn blood to see the effect upon the color and consistency of the fluid. Then he disposed of the attempt to classify remedies by the color of the plants, the odor of their flowers, and the taste of their juices. He disproved the doctrine of botanical affinity, by which plants of the same family were supposed to have practically the same drug action. Of the medical profession, who, previous to his time, "almost unanimously denied all value to chemistry in the search for the medical power of drugs, and the discovery of remedial agents for the diseases to which humanity is liable," Hahnemann in the Lesser Writings said: "In this, they probably went too far. Although I am far from conceding to the chemical art a universal influence on the Materia Medica, I cannot refrain from alluding to some notable discoveries in this respect which we have to thank it for, and to what it may hereafter effect for therapeutics."

*By invitation of the Pittsburgh East End Doctors' Club, this address was presented to that body the evening of Saturday, March 2, 1907. Most of this material has been published heretofore, particularly in the address given before the Cleveland Homœopathic Medical Society, Dec. 20th, 1905. Friends who have been kind enough to read "In Defense of the Attenuated Drug;" the Medical Century Prize Essay, "In Defense of Homœopathy;" the University of Minnesota Introductory Address, "The Reasonableness of Homœopathy," and "Homœopathy and Posology," the World's Congress Address, will recognize many arguments I have used before. However, the subject matter has been revised and the latest thought, so far as it has come to hand, has been here utilized.—The Author.

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We have, then, most illustrious homœopathic precedent in looking to chemistry for help in solving the great problem of therapeutics. With this introduction we will at once proceed to state our propositions, and, later, attempt to prove them.

Propositions Stated.

1st. The cell is the morphological unit of life.

2d. The chief manifestation of cell activity is its power of metabolism, and all its activities are brought about, or are accompanied by definite chemical changes.

3d. Cells possess selective affinities for certain chemicals, or chemical reactions.

4th. The body possesses natural protective forces, largely chemical, especially resident in the blood.

5th. Disease is a disturbance of the chemical equilibrium of the cell, resulting in an interference with its power of metabolism.

6th. A remedy is anything which, by its action upon a diseased cell, causes it to resume a condition of equilibrium.

7th. A drug is a remedy efficacious by reason of its chemical action, and the effect of which need no longer be explained on the ground of a mystical "force," or other intangible quality.

8th. Substances are more active chemically the finer they are divided.

9th. The remedy should be given with such accuracy of selection and dose and in such form as to aid the disturbed cell, without interfering with the protective forces of the body, or impairing the functions of other cells.

10th. The attenuated drug, without interference with the normal cells, or body fluids, offers the remedy in a form ready for instant appropriation by the disturbed cell, and hence, in the cure of disease, is more effective than any other possible practice.

The Cell and Its Functions.

Before taking up a discussion which of necessity touches the structure of the body and intimately relates to the ultimate elements of that organization, a brief review of the cell and its functions may not be amiss.

As has been said, the cell is the morphological unit of life. We arrive at this conclusion from the fact that in the definite structure which we term a cell are seen all the general manifestations of life, and, as yet, science has been unable to find any simpler structure which shows activity.

The sizes of the various cells differ greatly, but, with the largest one, we are dealing with a microscopical object. When one begins to estimate the size of a cell and to compute the number to be found in one human being, he is overwhelmed by the magnitude of his task. In the liver, for instance, the cell ranges in size from seventy-five to one hundred cubic microns. The micron measuring about twenty-five thousandths of an inch, it is estimated that a cubic inch of liver contains about 156,000 million cells. Accepting Gautier's estimate that the white-of-egg molecule contains five or six thousand atoms and that the liver cell is four thousand times the diameter assumed for the albumen molecule, the number of living units in a single microscopic liver cell must be placed at above 64,000 millions, and the total number of atoms at around 300 millions.

It is not a far cry to state that any drug to be of possible value to such an infinitesimal organism must be presented in most minute form. One might as well attempt to patch a pin prick with one of the pyramids as to expect a teaspoonful of medicine to be appropriated by a diseased cell.

Cell-Metabolism.

The manifestations of cell activity are for the most part concerned in its metabolism. By the term metabolism, we mean the balance or equilibrium which exists between food supply and waste; normally, this condition is reached when the active cell constantly receives and assimilates precisely the right amount of exactly the proper food. In this process, we notice, on the one hand, anabolism, the building up and storing of material concerned in the maintenance of the cell, or, as we usually term it, the supplying of waste. This is a synthetic process, and while we do not as yet understand the exact changes going on in the cell, we are, in a number of instances, able to follow the process as carried out by groups of cells. For example, the liver cells take up the sugar from the portal blood and synthesize it into higher saccharides, glycogen, or animal starch. On the other hand, there is katabolism which has to do with the breaking down of the cell protoplasm into the simpler chemical compounds; thus, the active muscle forms from the glycogen, lactic acid and carbon dioxide. Carbon dioxide is a constant product of the process. It is interesting to observe, in passing, that it is possible to measure the extent of the katabolism by the amount of carbon dioxide formed.

We note that these evidences of activity are accompanied by definite chemical changes. There can be no change from potential to kinetic energy without a chemical change of some sort. Whether we can ascribe the cause of activity of a cell to chemical change, or the chemical change to be a result of the cell activity, is a question which is, as yet, an open one. But it is certain that activity and chemical changes are inseparable, and under normal conditions, these changes are definite and constant. Even in such highly specialized organs as are nerve cells, where there is no known product from their metabolism, such as that from the liver cells, we have an absolute proof, in the change of electro-potential that an active nerve cell is involved in chemical change. We are almost ready to state positively that nerve function, even, is caused by a chemical decomposition within the cell.

The normal cell has going on simultaneously the processes of katabolism and anabolism, and under the condition which we know as health, these processes are equalized, as we have said waste is at once replaced and a balance is maintained. Inasmuch, then, as the process of metabolism is a chemical one, we can think of the normal cell as being one in a state of chemical equilibrium.

Selective Affinity of Cells.

The pharmacologist has abandoned the idea that drugs have an "elective affinity" for certain parts of the body, and, in common with all scientific thinkers,

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now holds to the belief that the cells themselves have a selective affinity, or, in the new language, a "tissue proclivity" for certain chemicals, or chemical reactions.

That this theory has a reasonable basis is shown by many very interesting facts. For instance, silver taken into the system is not found in the general endothelium, but only in the endothelium of the vessels of the choroid plexus at the base of the brain. Strychnia affects the cells between the motor neurons and sensory neurons of the spinal cord and does not affect either of the two, even though the cells are the same histologically. Carbon is found in the connective tissue of the joints and lungs, but not in the connective tissue of the kidney, or in the stroma of other organs, histologically the same. Tetanus toxin acts upon the motor nerve cells and nicotin upon the ganglion cells of the sympathetic system. Every homœopathic physician is familiar with the effect of serpent's venom upon the blood, now recognized to be a hæmolytic action upon the red corpuscles.

It would be interesting to review many similar facts, but these examples are sufficient to show the selective affinity of the cells for certain chemicals or chemical reactions. Professor Ehrlich, in the Herter lectures, attempting to show the relation of the cell receptors to metabolism, spoke of the independent individuality of the protoplasm. He used a homely illustration which shows the selective affinity of certain cells and their ability to search out and appropriate the particular element especially agreeable to them. When wool, he said, is immersed in a dilute solution of picric acid there is a concentration of the dye and a color is imparted to the wool which is not given to other substances immersed even in a more concentrated solution of the acid.

This selective affinity of cells, due probably to their specialized metabolism, has an important bearing on the life of the individual. The liver cells, as we have shown, store up glycogen as a food reserve. Other cells have an affinity for waste products and are concerned in elimination. But to the Homœopathist this tissue proclivity has a greater significance. It accounts for the appropriation from the blood stream of drug substance, no matter how infinitesimal may be the amount there present, by the cells demanding that particular element.

Immunity and Ehrlich's Theory.

It is an accepted idea that the body fluids, particularly the blood serum, possess certain protective functions. We hear much these days of "immunity." Relating to this subject, the most popular current theories have a chemical foundation. Their fundamental principle is that the blood-serum may be so modified as to overcome the effects of infections, of poisons, or of both. This may be accomplished by destroying the bacteria, known as bacteriolytic power, or by counteracting the toxins developed, known as antitoxic power. That one known as Ehrlich's "sidechain" theory has been most discussed for a year or two past. It attempts to explain antitoxic immunity in chemical terms. Ehrlich assumes that the cell body has upon it a number of side-chains—receptors as they are termed. These are capable of combining with food products useful in and necessary to the metabolism of the cell, but may combine with toxic products, with damage to the cell. According to this theory, to protect the mother cell, antitoxins, consisting of surplus receptors made by the cell for this purpose and cast off in the blood stream, unite with the toxin in the serum, leaving the other receptors of the cell free for their normal food-taking properties.

Ehrlich's theory is extremely complicated. Without any attempt to review all its details. It desired simply to mention the fact that in the successful maintenance of his hypothesis much ingenuity has been shown by its author. To show how the complement, or anti-body, does its work, he explains the necessity for the presence of certain intermediary bodies, or amboceptors. The protective action of the blood may be interfered with, then, by drug effect upon the cell, interfering with the production of receptors, upon the amboceptor, or upon the complementary body. The importance of this, therapeutically, will be considered later.

These theories, seeking to prove the protective agencies of nature, show the importance of preserving the normal properties of the blood serum and, if true, they bear a most essential relation to drug administration. Of this we will say more directly.

Theory of Solution.

New light upon the positive value of the infinitesimal dose, showing the chemical power of such dilutions, has been shed by the advances made in physical chemistry during the past decade. To bring this subject clearly to mind, let us briefly state the so-called theory of dissociation of molecules. As interpreted by this theory, a chemical, technically an electrolyte, when dissolved, is dissociated into parts or particles smaller than the molecules and known as ions. The more dilute the solution the greater is the dissociation and consequently the molecules are less in number and the ions increased. In a solution infinitely dilute, the dissociation is absolute and the chemical is present only in a state of ionization.

When this subject was newly presented the first question which occurred to most of us was: How dilute must the solution be in order to bring about complete dissociation? If it were a solution of Sodium chloride, for instance, what dilution, according to our nomenclature, would furnish complete ionization? The search for facts on this subject revealed Lord Kelvin's statement as to the size of a molecule. He says: "Imagine a rain drop or a globe of glass as large as a pea, to be magnified up to the size of the earth, each constituent molecule being magnified in the same proportion. The magnified structure would be coarser grained than a heap of small shot, but probably less coarse grained than a heap of cricket balls." This illustration permits us to appreciate, to some extent at least, the enormous number of molecules in a bit of matter the size of a millet seed. In order to reach, then, a solution sufficient to bring about dissociation of the molecule itself, it is readily seen that the volume of the solvent used must be immense. Having quoted Kelvin, Jones, Professor of Chemistry at Johns Hopkins University, states that "perhaps the best demonstration of the almost unlimited divisibility of mat-

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ter is furnished by some of the aniline dyes, or by fluorescin, where one part is capable of coloring or rendering fluorescent at least one hundred million parts of water." This solution corresponds to at least the eighth decimal dilution. The authorities agree that the dissociation increases with the dilution, from the most concentrated solutions up to a dilution of about one one-thousandth normal. It is safe to assume, therefore, that dissociation of the simplest drug is not complete under the sixth decimal dilution.

It is easily seen, then, that complete ionization is possible only in infinitesimal dilution. Not only is this true in theory, but also the research of the chemist seems to prove it. We are prepared, then, to assume that the therapeutic value of the drug is not lost when it is placed in such dilution as to represent an amount, by any present means of determination, less than any assignable or measurable quantity.

That this is true is proven, first, by clinical experience. This argument needs but the mentioning; every homœopathic physician can testify to cures made with remedies in such dilution as certainly to be far beyond the beginning of dissociation, and probably beyond complete ionization. Then, the laboratory has proven that the properties of completely dissociated solutions are the sum of the properties of all the ions present in the solution. In other words, the properties are additive. This holds for such properties as conductivity, lowering of the freezing point, refraction equivalent, heat of neutralization, and, undoubtedly, for any therapeutic effect possessed by the drug.

The Power of the Infinitesimal.

In the same connection may be mentioned the wonderful properties of radium, which have excited interest, not only in the scientific world, but in the minds of all intelligent persons. Last year, Strutt, of Trinity College, Cambridge, put forth a book, entitled "The Becqueral Rays," in which he undertakes to explain the action of radio-active bodies. Some facts gleaned from this volume are pertinent to the present discussion.

For instance, a specimen of radium bromide placed in a glass tube and gently heated, will evolve a small amount of gas. The emanation emitted by any such quantity of radium as is at present procurable, is absolutely infinitesimal; Strutt says the volume of gas would not exceed a pin's head. If this emanation is now mixed with a million millions times its own volume of air, the mixture is found to have all the properties of the pure radium.

It has been determined that the emanation thus diluted, generates a solid deposit, although not enough has yet been accumulated to be visible even under the ultra-microscope. The same scientific world which to this day denies Samuel Hahnemann the reward of his labors, has accepted as conclusive these demonstrations. Speaking, then, of this simple deposit, and using the language of Strutt, "there lies latent in every atom of this emanation from radium, a quantity of energy absolutely gigantic." What marvellous powers in the infinitesimal!

An eminent Parisian physician has recently testified to the wonderful results, both physiological and therapeutic, of minute amounts of gold, silver and platinum. This experimenter, Dr. Afred Robin, has discovered that "almost infinitesimal doses are endowned with very great activity." For instance, solutions of gold, corresonding to about the 5th decimal dilution of our system, produced such positive results as the following:

"1. An increase in urea, which may arise as much as 30 per cent.

"2. An increase in the co-efficient of nitrogenous utilization.

"3. An increase in uric acid which may reach high figures,—as much as three times the initial quantity.

"4. A positive flush of urinary indoxyl.

"5. A decrease in the quantity of total oxygen consumed.

"6. A temporary raising of arterial tension.

"7. A profound modification of the blood-globules, an injection being followed after several hours by manifest leucocytosis, slight in a healthy person, intense in infectious disorders habitually associated with leucocytosis."

According to Robin, these results show the possibility of assimilating metals in extremely diluted solutions, their action being considered similar to organic disatases. "In the above-mentioned solutions," he says, " the atoms of the metal, separated as widely as possible, are, as it were, liberated, autonomous in their activity, and susceptible in this way of developing greater energy. . . . .It is not difficult to conceive that these simple bodies even in the infinitesimal doses in which they are found, are capable of influencing the chemical reactions of elementary nutrition. . . ."

After referring to the results obtained by the use of gold in minute doses in pneumonia, which he claims in six cases out of ten produces a crisis in six days, Robin draws the following conclusions from his experiments:

1. "That metals in extreme subdivision are capable of remarkable physiologic action, out of all proportion to the amount of metal used."

2. "That such metals, acting in doses which therapeutics considered heretofore as ineffectual and useless, by making a profound impression on some of the chemical processes of life whose deviations are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics."

It must be seen, therefore, that regardless of schools, the concensus of opinion today, based on chemical experiment and proven by clinical experience, is that the finer the division of a chemical substance, the more active it is, though unchanged in the quality of its reactions. In its state of complete ionization, its line of direction is not changed, but its activity is multiplied; it is altered not in kind, but in degree merely. Furthermore, the physiological efficiency of any drug is not a fixed quality except in infinite dilution. By means of solution we get the most complete division, and in infinitesimal dilution is found the most powerful chemical action. Thus, in this new century, is scientifically verified a statement made by Samuel Hahnemann who said: "The effect of a homœopathic dose is

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augmented by increasing the quantity of fluid in which the medicine is dissolved preparatory to its administration."

That the dilution of the remedy increases its power, it is not by reason of the Hahnemannian theory of "dynamization," as it is ordinarily understood. Let it be said in passing, however, that Hahnemann, in paragraph 288 of the Organon, spoke of this force not as a spirit force, but his language was "spirit-like force," quite a different thing. This idea of "force" for generations influenced and permeated all branches of science. The physiologist was the last to break away from the old theory of "vital force" and to explain all the bodily processes in chemical terms. The idea of a mystical force being possessed by drugs was but the outgrowth of the vitalistic theories of life and disease. The brilliant work of Wohler and Liebig, and especially of Berthelot, in synthetic chemistry, has cast off this yoke and no longer is it necessary for the Homœopathist, or any other scientist, to explain temporarily unknown quantities on the basis of some ether, spirit or humor. There is a more rational hypothesis which is acceptable to all the rest of the scientific world. With the present state of our knowledge, it is unnecessary to fall back upon a mysterious "dynamis." Homœopathy, at least the infinitesimal dose, is as reasonable, as explainable, as scientifically sensible, as is any other of the natural sciences.

Disease and the Infinitesimal Dose.

Health depending upon a condition of chemical equilibrium in the cells of the body, it naturally follows that if through any cause there is a disturbance of equilibrium there is at once a change of constants. The processes of metabolism are interfered with and we have a disturbance of function and even changes in structure. To illustrate: If there be a disturbance of the equilibrium of the parietal cells of the stomach, there is a failure in the production of hydrochloric acid. In malignant growths the chemical processes are so perverted that the cell metabolism is concerned only in reproduction; for instance, in the liver no bile is produced, but reproduction and abnormal growth result. In fatty degeneration there is such a disturbance of metabolism that the cell protoplasm is converted into fat.

If we can restore the equilibrium of the cell, or group of cells, we have remedied the abnormal condition and normal function will be resumed. A remedy is anything which will do this. This remedy may be rest, or stimulation, local application, or something else, but usually it is some drug administered for a specific effect upon the diseased condition. It is not for us, at this time, to discuss the rationale of the theory of similars in the selection of the drug, but rather to show why the drug is effective. In the light of all present knowledge, we believe the drug acts by virtue of its chemical activities. Our knowledge being so meagre as to the actual reactions in the laboratory of the cell, it is difficult to follow the drug action, but we do know that almost without exception chemical substances introduced into the animal body are acted upon, more or less, and enter into and out of combination with the protoplasm of the cell. Some of the most stable of chemical substances are completely decomposed in the body. Enough has been positively determined in the laboratory to state that the animal body possesses chemical capabilities sufficient to deal with the simplest, or most complex chemical problems, and that everything proceeds along definite and constant lines.

It having been shown that disease is a disturbance of chemical equilibrium and that remedies act chemically; it having been shown, further, that the most active form of drug is that which is presented in a state of complete ionization, then it naturally follows that the remedy, to be acceptable to and instantly appropriated by the cell, must be given in a state of great attenuation.

With the system demanding relief and the symptoms calling for a certain drug, Barium chloride, for instance, I have no doubt that that drug given, high or low, in dilution or crude form, will thread its way through the blood stream and a sufficient quantity be appropriated by the disturbed cell to satisfy and correct its chemical equilibrium. But the experiments of Wenstrand and Hektoen have demonstrated that the ions of this particular drug combine with certain elements in the blood serum and, if given in amounts sufficient, to a great degree destroy its protective functions.

In their experiments sera showing decrease or absence of hæmolytic activity were all taken from patients extremely ill, or within twenty-four or forty-eight hours of death. "It seems, therefore," to use the words of Dr. Wenstrand, "as if the power of blood serum to dissolve foreign cells is lost at the same time as the power of the individual to resist death passes away. Consequently it would seem that the hæmolytic activity of a serum is, in a certain manner, at least, a criterion of the resistance of an individual. This is borne out also by the finding of an increased hæmolytic activity in the serum of such patients whose resistance is high."

Hektoen remarks that substances which suspend, diminish, or modify the bacteriolytic, hæmolytic, or other properties of the serum, favor the development of certain general infections, for instance, typhoid fever. It is not unreasonable, then, to presume that in the treatment of conditions where blood toxins are developed, in the administration of Barium chloride, for instance, the symptoms calling for it may disappear, only to be replaced by conditions more serious, induced by a lowering of the protective forces of the body fluids. In the terms of Ehrlich's hypothesis, this untoward effect is due to the action of the barium ions upon the complementary body of the serum. As a result, the immunizing properties of the blood are suspended, or at least greatly reduced. In the administration of a remedy for the relief of any disease, this fact must not be overlooked. The ideal prescription in the administration of a drug is the minutest possible quantity to satisfy the disturbed cell, already shown to be infinitesimally small, in such dissociated condition as to make its appropriation the simplest possible chemical reaction, and in such form as not to interfere with the protective forces of the body.

The quantity of medicine to be given in each dose has nothing to do with Homœopathy; it is the privilege of the prescriber to administer a grain, an

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ounce, or any amount which appeals to him as required by the patient. For the reasons given, however, the homœopathic physician believes that the "minimum dose" should be administered, that is, that the smallest possible quantity capable of relieving the need of the patient should be given. This is the ideal prescription, because it exactly supplies the demand of the diseased cells without disturbing other normal cells or lowering the protective function of the body fluids.

The Infinitesimal Dose the Scientific Prescription.

For these reasons Hahnemann's advice, given a century ago, is pertinent to-day. In paragraph 276 of the Organon he says: "Too large a dose of medivine, though homœopathic to the case, will be injurious."

Having shown, then, that disease is a disturbance of the metabolism of the cell, which, among other functions possesses that of "selective affinity;" that remedial power depends on chemical action; that infinite dilution increases the power of the drug, lessens the probability of interference with the protective functions of the body fluids, and presents the remedy in such form as to be most readily appropriated, it naturally follows, as the conclusion of the whole matter, that in the cure of disease the infinitesimal dose, properly chosen, is more effective than is any other practice.

It will be seen, therefore, that the efficiency of the small dose and the capability of the human system to appropriate and utilize medicine administered in minute quantities are facts based, not upon a vagary of the imagination, but upon the most modern of accepted truths.

The Theory of Similars.

The value of the infinitesimal dose being conceded, the chief point of dispute between the schools to-day is the theory of similars. We continue to believe that in disease and health there are certain laws, as there are in every other department of the physical world, while the physician of the dominant school denies the existence of the law of similars. It is not possible, perhaps, to explain the rationale of this law of cure, but the Homœopathist is not the only scientist forced to acknowledge ignorance of the underlying laws of his specialty. Where is the physicist who can explain the law of magneto electric induction, or the law of gravitation? He can demonstrate the law by showing experiments to verify it, but to explain sensibly or convincingly why or how, he cannot. The theologian has the same difficulty with the doctrine of the immaculate conception, and the chemist can hardly account for some of the chemical affinities familiar as working truths. Thus it may be excused the Homœopathist, perhaps, if he fail to scientifically account for the theory of similars.

However, did time permit it would be interesting to record the experiments of Loeb and others, apparently demonstrating the truth of the theory of similars. It has been found, for instance, that the rhythmic contractions of muscle fibre, immersed in sodium chloride, or in calcium chloride solution, will cease after a time, a toxic condition of some sort being produced. Suppose the exhausted muscle is in the sodium solution, a small amount of calcium chloride, corresponding to the third or fourth decimal dilution, added to the solution containing the muscle, will cause the tissue to resume its contractions, to "cure" it, as it were. Thus is demonstrated the removal by a small quantity of a drug, symptoms similar to those produced by a large quantity of the same drug. Is it not fair to count this and similar experiments as verifications of our theory of therapeutics?

Metchnikoff, the rival of Ehrlich, considers the phagocyte the essential element in combating disease. The late researches of Sir A. E. Wright, of London, appear to disprove this theory. Without the presence in the serum of something to prepare the microbe for its consuming enemy, the phagocyte is powerless. This substance called "opsonin" has been likened to a sauce used to tickle the palate of a satiated epicure.

In the current number of the London Lancet, Crace-Calvert advances the view, now commonly held, that there are opsonins for every microbic disease, and only the opsonin for the particular disease responds to the toxin of the infecting microbe. Is there not in this a beautiful argument for the single remedy and its accurate scientific selection? Hahnemann, perhaps, could not explain why the single remedy, for which he contended so vigorously, was the scientific prescription, but with present knowledge it is explainable. Chemical reactions are definite and positive. An unsatisfied equation cannot be completed by the addition of any wandering chemical, which by haphazard chance may come within reach. A remedy prescribed on "general principles," by random and aimless methods, may, by accident, possess within itself such a chemical component as to permit it to join in unfortunate combination with the unsatisfied cellular element. This unhappy marriage robs the cell of needed sustenance by forcing upon it a lazy and unproductive spouse. It may prove so miserable an alliance as to result in violent domestic infelicity, with breakage of the furniture and even tearing down of the walls of the cell residence itself. More, likely, however, such prescribing results in nothing more than damage to remote cells having an affinity for the drug administered. The tissue originally diseased and clamoring for help is left without succor, and other tissues are destroyed or weakened by the untimely action of drugs carelessly prescribed. This is undoubtedly the effect of administering material doses, as has been the practice of the dominant school. It probably follows the administration of more than the single remedy in so-called homœopathic practice. The saving grace of the infinitesimal has doubtless spared humanity much suffering at the hands of faulty and inaccurate prescribers in our own ranks.

But a more important feature of the opsonic doctrine lies in its bearing upon the theory of similars. The vaccination proposed by Wright, which in a sense, is a revival of Koch's tuberculin therapy, is an application of the law of similars. It distinctly differs from von Behring's antitoxin treatment of diphtheria. The latter is the administration of a chemical antidote to neutralize the toxin elaborated

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by the bacillus. The vaccine proposed by Wright is itself a toxin, not an antitoxin, and is capable of producing symptoms similar to those which it is considered capable of relieving. It is administered in small doses to raise the powers of resistance by the production of an immunity furnished by the opsonins or other chemical protective. Prof. Cabot, of Harvard Medical College, in his recent notable address before the Boston Homœopathic Society, said:

"Surely, this is a case of 'similia similibus curentur,' as homœopathic writers have pointed out. The use of bacterial vaccines in infectious diseases recently produced by A. E. Wright is distinctly homœopathic."

As is well known, von Behring is now at work upon a new tuberculo-therapeutic substance. In speaking of it he has lately used this language: "The scientific principles of this new agent are yet to be established. In spite of all scientific speculations and experiments this therapeutic usefulness must be traced in origin to a principle which cannot be better characterized than by Hahnemann's word, 'homœopathic.'

"What else," he says, "causes immunity in sheep, vaccinated against anthrax, than the influence previously exerted by the virus, similar in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence, exerted by a similar virus, than by Hahnemann's word, 'Homœopathy?'"

We must honor the man who concludes his statement with these words: "If I had set myself the task of rendering an incurable disease curable by artificial means; and should find that only the road of Homœopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road."

It were wearisome to multipy instances of old school stumbling over the homœopathic doctrine. Suffice it to say it is the conclusion of our profession that the theory of similars affords a working hypothesis satisfactorily accounting for certain medical phenomena. Outside of purely chemical processes, already referred to, every sure procedure known to the medical profession can be explained in the terms of this hypothesis. Further, we claim that every single remedy known to have curative properties in the relief of disease, acts in harmony with and is prescribed, even if unknowingly so, in accordance with the theory expressed in the phrase "Similia similibus curantur."

In spite of occasional grasping toward the light, immediately following the promulgation of a novel theory like the opsonic hypothesis, the dominant school to-day remains in therapeutic skepticism. Their almost nihilism is shown by this quotation from an eminent exponent, Prof. H. C. Wood, in the preface of his "Treatise on Therapeutics:" "Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind, and the history of medical progress is the history of a man groping in the darkness, finding seeming gems of truth, one after another, only in a few minutes to cast each back into a heap of forgotten baubles that in their day had also been mistaken for verities. Narrowing our gaze to the regular profession to a few decades, what do we see? Experience teaching that not to bleed a man for pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering with pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions of the past, listening to the therapeutic babel of the present is it a wonder that men should take refuge in nihilism, and like the lotus eaters, dream that all alike is folly, that rest and quiet and calm are the only human frutitions?" Yet the dominant school certifies to four sure remedies—Mercury, in syphilis; Quinine, in malaria; Salicylate of soda, in rheumatism, and Iron, in anæmia.

The most radical of that school, denying the homœopathicity of these remedies, would admit that the poisonous action of each is remarkably similar to the disease it has power to cure. If time permitted, your speaker would attempt some further citations of remarkable scientific facts which exist and which apparently vindicate the claims of similia, but enough has been shown to prove that the entire homœopathic practice and such of the practice of the dominant school as is conceded by that school to be of positive therapeutic value are in harmony with and are explained by the theory of similars. It is not begging the question, therefore, to leave the matter here and claim that until a future generation finds a better hypothesis, we have the right to accept the theory of similars as the law of cure.

Homœopathists the Patrons of General Science.

It is conscientiously believed that the superiority of the homœopathic practice has been proven in every disease, in every climate, and in every season. Yet no homœopathic physician looks askance upon the advances of general medicine. The sputum examination, for instance, in the diagnosis of throat and lung diseases, is given the same importance in the homœopathic world that it receives elsewhere. The most radical opponent of Homœopathy would not say that in the choice of a drug the presence or absence of the germ would influence his selection of a curative remedy. It would simply decide the question of climate or the general disposition of the patient. It means, at least, that much to the homœopathic prescriber. The laboratory methods of science receive the same patronage and the same encouragement in the homœopathic school as elsewhere. In surgery, in gynæcology, in ophthalmology, the same careful technique, the same skill, the same methods are everywhere employed. No one dare claim that the results of surgery in other schools are superior to those gained by the homœopathic operator. The well known success of the homœopathic surgeons and their high professional standing, not only by the rating of our own school, but also when measured by the standards of all other systems of practice place them above criticism.

The American Institute of Homœopathy has officially decreed that "A homœopathic physician is one who adds to his knowledge of medicine a special knowlege of homœopathic therapeutics. All that pertains to the great field of medicine is his by tradition, by inheritance, by right." The patient, therefore, who employs the homœopathic physi-

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cian gives himself all that the dominant school offers, and, in addition, the wonderful resources of the homœopathic materia medica. He loses nothing except the greater probability of escaping surgical procedure by the saving grace of a more potent medical armament. He reduces his chances of mortality and decreases the duration of his illness. All that pertain to chemical methods, to bacteriological research, to surgical ideas, to the great field of general medicine—all these belong to the homœopathic physician to give to his patient, together with the possibilities of the homœopathic remedy. Truly, "They who have not tried Homœopathy have not half tried to get well."

Conclusion.

The founder of this system of therapeutics was born a century and a half ago. He lived in an epoch of superstition, he practiced during the dark ages of medicine, he knew nothing of the modern laboratory idea. Yet this gigantic intellect was capable of formulating a system of therapeutics so accurate in its essential parts that the rest of the scientific world has adjusted and readjusted itself until now it snugly enfolds and perfectly fits every feature of the homœopathic doctrine. Study the modern ideas of disease and the morbid processes as they are now understood, delve in physical chemistry as it is taught in every university of the world, listen to the forensic eloquence of the physicist, the chemist, the physiologist, and the pathologist; then take from its shelf the "Organon of the Art of Healing," written a hundred years by one Samuel Hahnemann, and it will be found that the notes of all these latter day scientists are so attuned that when that voice of a century ago sings its lay to the modern music there is not a suspicion of discord, but in perfect sweetness the whole temple of science is resonant and reverebrant in one symphony of perfect harmony.

Therefore, my friends, we answer our original question in the affirmative, and proclaim the scientific reasonableness of Homœopathy.

University of Michigan, March, 1907.

A PLEA.

BY JOHN T. CREBBIN, M. D., NEW ORLEANS, LA.

This old universe does everything quietly and in order, everything is created and dies according to law. The falling of an apple, the shooting of a blade of grass, the flashing of lightning, or the beating of the bilows on the rock-ribbed shore, all point to laws of nature. It takes centuries of refining process before the diamond, in all its sparkling beauty, is produced, so it has taken our old world generations to produce geniuses who have risen above their fellowmen, as the towering oak on the montainside. The same Being who controls one law, controls all.

Consider how long it took to produce an Abraham, a St. Paul, a Newton, a Luther, a Washington, a Shakespeare, a Fulton, a Napoleon, a Scott, and many other men of undying fame. How many years passed ere these men were produced?

Would it be just if no genius from the medical profession had not risen to point humanity to a more divine way of treating the sick, than the barbarous practice then in vogue? So a little over one hundred years ago, Samuel Hahnemann, was given to the world and when he attained manhood and studied medicine, he became convinced there was a more scientific way of treating than then practiced. He gave to the world what at first was considered the visionary dreams of a fool, but time has demonstrated they were positive facts, and having gone through a refining process it now stands forth as a law of golden truths, so plain that the "wayfaring man though a fool may not err therein."

The sciences of gravitation, of electricity, of steam and medicine have been in the world since its foundation, but it took generations to prove them. Although we firmly believe we have the correct science of the healing art, we must not belittle the value of our friends of the other schools, for they have done much to advance medicine, having been indefatigable in researches, but it is not to be supposed that we who are only one hundred years old will excel in all branches, those who claim to be over one thousand years old.

Medicine with its various branches is too exhaustless; for when we are dead and gone there will be new discoveries of which we little dream. But we claim that in the application of drugs we have a more scientific and positive system of prescribing and treatment, for our materia medica is the sheet anchor of our profession. Without it we would be as a ship without a compass, and would soon flounder and go to the bottom. It matters not what your special branch may be; master your materia medica, and you are better qualified than the one who depends entirely on application, the knife, massage, etc.

But with all these facts before us, I plead that we be broader minded and look through the right end of the telescope. Give credit where credit is due, let us honor the man or the woman who is sincere in their belief and is trying to help suffering humanity. "Be not like the fly which sat on a chariot wheel and said: 'What a great dust do I raise.'" The physician who cannot rise above his "pathy" and meet the requirements of the case is unworthy of his calling, and should be relegated to oblivion. He who wraps the cloak of knowledge about him and thinks he knows it all is "wise in his own conceit," and is a retarder, for "when one has to do with an art, the end of which is the saving of human life, any neglect to make oneself thoroughly master of it is a crime."

Let us believe what we believe. I repeat let us believe what we believe, and then let us become proficient in examinations, diagnosis, prescribing, in treatment and in every and all branches, for materia medica, although a valuable branch, is only one among many. To become efficient physicians, we need to be familiar with all branches, and until then we are not fully qualified, for everything pertaining to medical science is ours, and all we have to do is to delve down, reach upward, and forward and grasp them; then they are ours, if we only seek to possess them. [Hahn. Med. Assoc. of La.]

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Materia Medica.

THE ACUTE FEVER REMEDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

The principal homœopathic remedies for acute fevers are: Aconitum napellus, Veratrum viride. Belladonna, Bryonia alba, Gelsemium, Rhus toxicodendron, Arsenicum album, Ferrum phosphoricum and Sulphur.

All except the last three are of vegetable origin, and are cerebro-spinal irritants, and the latter two of the last three are only indicated in acute fevers implanted upon chronic soil.

Aconitum napellus.

Aconite is nature's lancet, restoring, as it does, the circulatory equilibrium after an arterial storm from some sudden and violent cause has swept the system.

Of the principal Ranunculaceæ, of which Aconite is the main fever remedy, the only clinical relationships worthy of note are that Aconite, Actea racemosa and Ranunculus bulbosus all three have the sudden, sharp intercostal pains, and all three are useful in the rheumatic diathesis.

A study of Aconite can be most profitably carried on in the relation with its fever analogues.

In making a physiological study of Aconite the letter "A" can be made to serve as a pivotal peg upon which to hang the drug picture. Let us see:

As "A" is the initial letter of the alphabet so Aconite is the initial polychrest of the materia medica, both alphabetically and clinically, corresponding, as its action does, to the first stage of inflammation; that is:

"A short, sharp contraction of the arteries followed by dilation and congestion."

So it is indicated as the initial remedy in the treatment of—

Acute diseases associated with congestion. (Arterial capillaries, Aconite; venous capillaries, Sulphur.)

Arterial congestion and
Arterial tension accompanied with
Anxiety and
Anguish of mind, with
Aggravation of all symptoms at night;
Ache-o-night.

Add to this suppression of all secretions, and we have a clear picture of the action of this unique cerebro-spinal centric so arranged as to be easy of remembrance to the student.

Like most cerebro-spinal drugs it is suited to the treatment of acute diseases, and the more acute its symptoms and the more violent and sudden its onslaught, the more is Aconite apt to be indicated.

Acute diseases have acute causes. So for the ætiology of the Aconite conditions look for cause as follows:

Causes.

Heat, as sunstroke, working before furnace, etc. Initial symptoms of diarrhœa or dysentery during summer, etc.

Cold, as croup, pneumonia, rheumatism, peritonitis and neuralgia, after cold west winds. Many times the acute condition is the result of sudden suppression of secretions from cold as suppressed lochia, sweat or milk.

Emotions, as amenorrhœa, abortion, or fever, from fright.

Traumatism, if followed by Aconite symptoms, as the initial condition.

Contagions or Infections.—Diseases from these two causes if ushered in by Aconite fever.

The key to the Aconite condition is fever with great circulatory and mental excitement, a condition of mental and physical tension, associated with the suppression of all secretions.

Given this pathological epitome of the Aconite fever and all of its symptoms naturally and inevitably follow, as:

(1) First, Rapid, full, tense, bounding pulse.

(2) Second, Dry mucous membrane, dry skin, scanty urine and constipation.

(3) Third, Mental and physical unrest described as anguish, anxiety, fear of death (tension is a state of fear, relaxation is a state of trust).

(4) Fourth, Unquenchable thirst, the patient pouring water unremitting upon this consuming fire.

So the Aconite condition, when typical, is unmistakable; but like a raging fire or cyclone it is sure to be transient and ends as quickly as it begun, either in rapid resolution or established inflammation.

If in resolution the flood gates are opened, secretion is re-established, the heart quiets down and all is over.

If in inflammation the function of Aconite is past, one of its colleagues, most probably Bryonia, Apis, Belladonna, Rhus or Gelsemium, takes up the fight and carries it bravely on. If the seat of war be a serous or synovial membrane, with stitch pains and threatened effusion, or the body of muscles, Bryonia will generally follow, or, perhaps, Apis; with the exanthems, perhaps Belladonna; if an inflammatory rheumatism be the sequel and the fibrous tissues are mainly involved then Rhus would be the most probable successor; if the congestion becomes more passive and there is cerebral torpor and muscular weakness, Gelsemium, and so on.

The analogous relation of Aconite and Arsenicum are only apparent. The symptoms of the Arsenic fever, with the anxiety, anguish, mental and physical unrest, intense thirst and suppression of secretion, seem almost identical with those of Aconite, but the two classes of cases are so different that the choice is generally easy, the Arsenic condition being one of irritable weakness, that of Aconite one of irritable strength. The Arsenic fever is characterized by rapid emaciation and prostration. From the start it tends downward and deathward, and is found in the course of typhoids, severe malarial fevers, septic conditions, etc.

The pains of Aconite are numbing, tingling, pricking, lacerating, stinging, formicating and what not. Each tissue in pain cries out in its own language as the serous stitch-pain, muscular aching-pain, nervous, shooting, lacerating pain, etc. So the pain of Aconite, it being indicated in the congestion of

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any tissue, always depends upon the tissue or tissues most involved. Whatever else they are, to accord with the Aconite condition, they are bound to be violent and sudden in their appearance.

There are two other drugs which occupy common ground with Aconite, as often indicated in the inception of such diseases as are characterized by the suddenness and violence of their development. These are Camphor and Veratrum viride.

Camphor. This drug is indicated very often in the initial stage of disease characterized by intense and sudden internal congestion. But it is the circulatory disturbance ushering in conditions of shock, looking for cause in:

(1) First, Traumatism, sufficiently severe to destroy the harmonious action of the vital organs.

(2) Second, The chill ushering in an attack of cholera, or yellow fever, or the ingestion of severe concentrated poison.

The symptoms of the Camphor conditions present instead of the Aconite:

Aconite.	Camphor.
Arterial tension.	Vascular relaxation.
Mental anguish.	Mental torpor.
Hot, dry, red surface.	Cool, pale surface.
Full, bounding pulse.	Weak, irregular pulse.
Suppression of all secretions.	Suppressed urine.
Constipation.	Watery diarrhœa.
High temperature.	Subnormal temperature.

In short, Aconite presents to our eyes a condition of over-nutrition, of exaggerated functions, while Camphor gives us intense and alarming vital depression with under action of all the vital organs —really opposite conditions.

Veratrum viride gives us a nearer approach to the Aconite conditions, but its action is confined to the organs supplied by the pneumogastric nerve, giving us with the fever and vascular tension a cerebral congestion, with nauseless vomiting of cerebral origin and dull, torpid brain. The pulse is full and tense but slower than normal. It is often indicated in the congestive stage of pneumonia, presenting at the same time symptoms of vital depression and a tendency to spasmodic symptoms, indicating it in diseases which are ushered in by clonic convulsions, showing great systematic disturbances, with no tendency to reaction.

With these thoughts well in mind in the clinical field of usefulness of Aconite should be clearly defined and properly circumscribed to the mind of the prescriber.

DRUG PICTURE.

Aconite and its Analogues and Complements.

Camphor.—Initial remedy in the chill which ushers in shock, cholera, yellow fever and other desperate conditions.

Veratrum viride.—Preferred in the sudden and intense circulatory disturbances preceding the severe forms of pneumonia or cerebral inflammation.

Belladonna.—Follows Aconite in fevers with intense cerebral congestions and congestions of the cutaneous capillaries. Corresponds to second or accomplished stage of inflammation.

Ferrum phosphoricum.—Attended by more passive congestion and with less tendency to resolution. Anæmia. Erethism, flushing from motion or emotion. Aconite grows in soil rich in iron ore.

Bryonia alba.—After Aconite, if the inflammation locates itself in serous or synovial membrane, with threatened effusion, or in rheumatism of the bodies of the muscles.

Rhus toxicodendron.—After Aconite if the inflammation locates itself in fibrous tissues as in inflammatory rheumatism. Typhoid tendency.

Gelsemium.—After Aconite, if cerebral torpor, muscular weakness and passive congestion supervenes, as in malarial or typhoid conditions.

Arsenicum album.—If the quantitative blood changes under Aconite become qualitative, and there is rapid tissue destruction associated with irritable weakness, the mental and physical unrest continue unabated.

Sulphur.—In fevers beginning as Aconite fevers, which become subacute or chronic without material change in other features.

A

Acuteness of symptoms, characteristic.
Aggravation nights.
Ache-o-night.
Anxiety and
Anguish accompanying
Acute inflammations, sometimes called the
Acute sulphur
Analogues.
(Vascular and in fevers.)
Camphor, Veratrum viride, Rhus toxicodendron, Belladonna, Bryonia, Gelsemium, Ferrum phosphoricum, Sulphur, Arsenicum.

C

Causes, sudden and violent (Cold, heat, trauma, emotions, contagion).
Congestions, violent and sudden.
Croup; dry stage.
Cold, dry winds, Spongia, Hepar sulphur, Bromine, Kali bichromicum, Phosphorus, Iodine.
Covered parts sweat (uncovered parts, Thuja).

O

Ophthalmia after foreign bodies.

N

Numbness, left arm (Rhus, Kalmia).

I

Inflammations, violent, sudden, evanescent.

T

Tongue white (Bryonia, Arsenicum, Natrum muriaticum).
Taste bitter (Pulsatilla, Chamomilla, Mercurius, Veratrum).
Tension, arterial, muscular and mental (Arsenicum).

U

Uncomplicated hypertrophy, Rhus, Arsenicum.

M

Mucous membrane, dry and hot (Arsenicum, Belladonna, Bryonia).

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N

Neuralgia, after cold, dry winds.

A

Amenorrhœa from fright.

Abortion from fright.

P

Paralysis of sensation. Compare:

Paralyses, motion, Gelsemium, Opium, Nux, Can.?

Paralysis with tingling in affected? parts, Aconite Cannabis, Staphisagria.

Paralyses from cold, Rhus, Sulphur, Causticum.

Paralyses from trauma, Arnica.

Paralyses from clot, Belladonna, Opium, Gelsemium.

P

Pulse frequent, full, tense, hard, also Bryonia.

Pulse frequent, full, Belladonna, Glonoinum.

Pulse frequent, full and compressible, Veratrum viride, Gelsemium, Ferrum phosphoricum.

Pulse frequent, weak, thready, Camphor, Veratrum album.

E

Erethism with all conditions, Ferrum phosphoricum.

L

Lochia suppressed.

Lungs, stitches and oppression, indicating in pneumonia and bronchitis.

Compare Bryonia, Phosphorus.

Compare Cimicifuga and Ranunculus when neuralgia.

U

Unquenchable thirst for quantities. Large quantities, long intervals, Bryonia. Large quantities, short intervals, Natrum muriaticum. Small quantities, long intervals, China. Small quantities, short intervals, Arsenicum.

S

Single parts congested.

Sanguinous patients, Belladonna, Bryonia, Sulphur and Calcarea.

Sthenic fever with skin hot and dry.

Sunstroke, Glonoinum, Belladonna, Argentum nitricum, Natrum carbonicum.

After the clear picture I have drawn of the Aconite fever, the disease in which it is indicated, is of minor importance, so that the Aconite condition prevails.

In a word, it may be the dry stage of croup, the congestive stage of pneumonia, rheumatism, peritonitis, conjunctivitis, orchitis, or what not, so that the drug picture is present. Aconite is rarely indicated in the initial stage of cerebral inflammation, Belladonna more often being the initial remedy, thus producing as it does a sudden and violent congestion of the brain and its membranes, as will appear in our next study.

Leaders for the Use of Sulphur.

With Comparisons. By E. B. Nash, M. D., author of Leaders in Homœopathic Therapeutics, Regional Leaders and Leaders in Typhoid Fever. Cloth. 159 pages. $1.00; postage, 6 cents. Philadelphia: Boericke & Tafel, 1907.

This is a most valuable little monograph on Sulphur and its characteristics and comparisons, and one that can be read through often with great benefit, and the oftener it is read the better prescriber one will become. The comparisons are especially valuable and widen one's vision of remedies akin to Sulphur in a remarkable way.

Electro Therapeutics.

ELECTRICITY AS AN ADJUNCT IN THE TREATMENT OF DISEASE.

BY R. D. VOORHIES, LAFAYETTE, LA.

In selecting the above as my subject to-night, it is for the purpose of showing that many methods may be used in curing and relieving the sick, and that a progressive physician ought to apply any method of treatment, if in his judgment that particular method is called for, whether it is taken from the law of similars, the old school, osteopath; in fact, any and whatever pathy it may be. In my experience of 12 years, as a general practitioner, I have studied and applied different pathies, but I must acknowledge that the Law of Similars has appealed to me as the only rational and scientific system of medication. And were it not for the limitation and deficiencies of its Materia Medica, I honestly believe would be universally accepted. On account of those very same limitations and deficiencies, we are very often thrown on the resources of the old school of medicine, obtaining good and lasting results in certain cases.

To-night I will confine myself to electro-therapeutic method, and will try in my humble and modest paper, to impress you with the importance of electricity as an adjunct in the treatment of diseases if used judiciously and not indiscriminately. For the last 2 years I have studied electricity, its laws, action on the human system, and its application to abnormal conditions, and have applied the knowledge thus gained to the relief and cure of the sick, and to my betterment as a physician. You all know of the stimulating effects of the faradic current in fagged down muscles, of its regenerating effects on the nervous system. So I will not exploit its curative virtues. You also know of galvanism, of its soothing powers on irritated nerves, thereby relieving many forms of neuralgia; also of its power of relieving congestions and inflammations, making it of paramount importance in genito-urinary troubles and often discarding operative interference.

I have in mind two cases of urethral strictures of several years standing, unsuccessfully treated by several physicians. At times even filiform bougies were passed with difficulty and urination almost impossible and extremely painful.

My first step in the treatment, was an unsuccessful attempt to introduce the steel sound. Having read the wonderful results obtained by galvanism, I naturally turned to my wall plate, connecting the positive pole to a sponge electrode on the abdomen

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and the negative pole to the urethral electrode, allowing a current of 5 milliamperes to flow through. In less than two minutes the No. 9 electrode was introduced, passed the stricture, due to the softening effects of the negative pole, which was followed by No. 10 steel sound. The next sitting No. 11 electrode was introduced followed by No. 12 steel sound, and so on until No. 20 steel sound was introduced with ease. It has been five months since the cases were discharged, and so far no return of the trouble.

In disease of women the galvanic current has proven of great and valuable service to me, and a boon to my suffering patients. In endo-cervicitis and endo-metritis, with their train of symptoms, such as leucorrhœa, menorrhagia, metrorrhagia, the galvanic current has wonderful curative powers. The positive copper electrode in the utero, followed by the stimulating effects of the faradic current, will in nearly all cases make curettage unnecessary. Satisfactory results are obtained in congestion and inflammation of the uterine appendages. I could cite number of cases in which galvanism and faradism have exerted curative powers, but not wishing to detain you too long in my poor way of stating facts and communicating them to others, that I deem it unnecessary.

I will not take up the great and promising field of static electricity. The wonderful electricity of high voltage, but of small quantity, static electricity has surpassed my most sanguine expectations; it has helped me when dear Homœopathy was recalcitrant, undoubtedly due to my bad handling. It has helped me when sedative and stimulating medication aggravated conditions I sought to relieve; in fact, it has helped me when my patients were about to enter their protests. I have relieved and cured cases of facial neuralgia of months' standing by simple application of the brush discharge, applied 3 times a week, and never longer than a month's treatment. I have cured stubborn cases of rheumatism of years' standing. One case in particular I wish to mention. Mrs. B—, aged 60. For 20 years, beginning the early part of September, to May, she suffered daily from rheumatism, the night pains being unbearable. September a year ago she applied for treatment. She was treated on alternate days, using the brush discharge and the sparks. In one month she was free from all pains, and remained so the balance of the winter. September last, her pains reapeared, but one week's treatment relieved them and until now have not made their appearance. This case is only one of many. In giving static treatment for whatsoever cause I have always noticed an increase of bodily weight as fell as an increase in the secretory and excretory functions of the various organs, thereby relieving constipation, assisting digestion, and increasing urinary solids. It seems to stimulate every cell of the body; in other words, it causes an entire electric saturation of the human organism. Another modality of great value is the wave current, modified or otherwise. I have found it of great value in neurasthemic cases, and applied to the region of the kidneys, it always causes a diminution of albumen, and an increase of urea in nephritic patients. The head breeze I have employed successfully in nervous insomnia. I could cite cases in which the high frequency current was used, and good results obtained, but I feel that I have said enough on the subject. I only hope that in my plain way of stating facts as I know them to be, that it will induce some to investigate the true merits of electricity as one of our curative agents, and I can assure each and every one of you, that it will be time well spent and that you will be helping your patients as well as yourselves.

In conclusion I wish you all a happy and prosperous New Year. May Homœopathy live, as it must and shall, and may it go hand in hand with progressiveness. [Hahn. Med. Assoc. of La.]

Addresses.

PROFESSIONAL FELLOWSHIP.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

"We are shaped and fashioned by what we love."
—Goethe.

Some one said: "Men are made for society and mutual fellowship." We are commanded by the Holy Scriptures to "Have no fellowship with the unfruitful works of darkness." Webster defines fellowship as: "Companionship; society; mutual association of persons on equal and friendly terms; familiar intercourse."

From all of this we naturally infer true professional fellowship to be companionship in our profession according to the spirit of these quotations. Now, while this ideal friendship is not the type always prevalent in the ranks of the profession. neither is it likely to rapidly become universal, yet we believe there is a decided improvement along this line of fellowship, a feature certainly most desirable.

The various organizations within the profession which have for their main purpose the bringing about conditions worthy of brotherhood, are doing more than anything else to establish a good friendly feeling, a type of fraternal fellowship that most broad and liberal minded members, actuated by a progressive spirit, are to-day endeavoring to inculcate into the practice of all good doctors.

The revival of this sentiment is plainly in evidence throughout the profession. Few places is it more apparent than in the Auglaize County Medical Society, where the strictures embodied in this paper do not well apply. Would that all similar organizations had a Dr. C. Ludwig Mueller at the head; but they haven't for such active organizers are not found every day.

Progress and investigation are attributes of youth, and as this is the day of the young man we give the credit willingly for this progressive movement towards an improved professional fellowship largely to the younger element in the ranks of the profession. We old, conservative fellows ought to learn from this and try to keep up with the procession. Such may be a little hard to do, for

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though we be veterans in the field, we are relegated to the rear, probably where we belong, by reason of long service. Like the old soldier who in his campaign oratory was depending upon his war record for political support.

A Revolutionary veteran, running for Congress in days before the Civil War, had as his opponent a young man who had never been a soldier, according to an exchange. In his speeches the Revolutionary hero made the most of his "record."

"Fellow citizens," he would say, "I have fought and bled for my country. I have helped repulse the British tyrant. I have helped repel the savage Indian. I have slept upon the field of battle with no other covering than the canopy of heaven. I have plodded barefoot over the frozen ground until every footstep was marked with blood."

At the close of one of these speeches an old man wiping the tears from his eyes with the ends of his coat tails, elbowed his way up to the speaker.

"You've fought both the British an' the Injuns?" he asked. "I have, sir." "And you've slept on the ground without kivver?" "I have, sir." "An' ye say that your feet have covered the ground ye walked on with blood?" "They have, sir," said the speaker, delighted that his words had made such a profound impression.

"Well, then," said the old man turning away with a sigh of deep emotion, "I'm a-feered I'll have to vote fur that other feller, fur I'll be gosh blamed if you ain't done enough fur yer country already."

Possibly it is considered that we veterans have done enough for our profession already.

That which most opposes and antagonizes genuine good fellowship is not fair, honest competition, but it is rivalry and professional jealousy, probably better termed professional cussedness.

It is not a pleasant thing to bring these reproaches against a noble profession, but the green-eyed monster, jealousy, does possess many of the obnoxious qualities that have too often crept into our fold and caused troubles where harmony and good feeling should exist. Far more greatful would it be if we could cover from sight these shortcomings, yet exposures are sometimes beneficial.

We take it that this friendly criticism applies mostly to towns and rural districts, for, of course, in cities where medical and surgical lore and true fellowship are supposed to abound, unless medical colleges are located there, or hospitals, or rival specialists, or boards of health, or medical factions, or medical politics, it does not apply.

What is jealousy? It is that passion or peculiar uneasiness which arises from the fear that another does something or will enjoy some advantages which we desire for ourselves. It is awakened by whatever may exalt others, and is closely allied to envy. Shakespeare said: "Jealousy is the apprehension of superiority." Rambler said: "Whoever had qualities to alarm our jealousy had excellence to deserve our fondness."

Is there more jealousy, envy, rivalry and what might be termed scientific prejudice among the members of our profession than in other callings? Without watchful observation we might be led to think that there is, but it will be found that these debasing faults pervade all kinds of business, all trades and professions. They are omnipresent. You may have them. I may have them. We all are susceptible. They seem to be a part of our nature. May be they are necessary to self-preservation.

Physicians are the most sensitive persons on earth. Their feelings are so very easily hurt. How seldom do we see two village doctors on intimate terms, or if there be but one M. D. in the community he is usually out of humor with himself. The two doctors converse and probably affiliate in a way, but the jealous rivalry is most visibly apparent. It is even manifest in the conduct of their neighbors and patrons, for often the friends of one are enemies or nearly so of the other.

"Oh, for the rarity
Of medical charity,
Under the sun."

There does really seem to be an element about the practice of medicine that courts pessimism and fault-finding. Our continuous association with the sick, the gloomy and despondent certainly engenders this most deplorable fault. There is a tendency about it to spoil our amiable dispositions and make us skeptical of humanity's good qualities generally.

Mankind, by nature, is fearfully and wonderfully selfish, fickle and capricious. In health this human quality is partially masked, is hidden, while in sickness it uncovers itself, stalking forth in all its glory. In sickness people are themselves more than at any other time. We see them in their homes, as they are, their real selves, and not with their polished exterior only exposed to view. For this reason, mainly, we ought to be, and I believe are, better readers of human nature than the average student of sociology.

After all, even though these things be true, and admitting that self-preservation is the first law of nature, let us observe and cherish it less in our own special relation towards our professional brethren. Injury to one member of the profession is the concern of all other members, and we should protect each other in every manner possible. Remember that selfishness is the seed of sorrow, and that generosity usually generates joy.

Doctors are given some little credit (not as much as they ought to have) for being the most generous and magnanimous of all men towards the dear people, and since this is unquestionably true, why are they not so with each other? Why do they so often speak disparagingly of their professional brethren? Why are they so arrogant and dogmatic towards one another. Possibly the reason is because these noble qualities referred to are strongly expended upon their patients and but little is left for dissemination among themselves.

"Doctors resemble very jealous lovers,
One sneers at that the other one discovers;
One may declare that he the truth decries,
The other flatly tells you that he lies.
The one announces that a new bacillus
Will breed a pestilence and surely kill us;

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The other, laughing, says this mundane sphere,
Minus the microbe, soon would disappear.
One swears malaria will ever be
The fountain head of each infirmity;
The other proves diseases to be fewer,
'Mongst those who daily labor in the sewer,
And so dogmatic doctors dodge the blow
Which brother doctors on their heads bestow."
(*Helmuth.*)

Let us resolve to eagerly cultivate more charity for each other, that it may equal, yes excel, that which we possess for our patients. Let acts show this spirit and not words alone. Mental freedom, charity for others' views, is the order of the day, and liberty of medical opinion and action should be no exception. It is only by the exercise of freedom that changes and improvements have ever been introduced into the practice of medicine, and herein lies the only hope of continued improvement. We all too hastily and too freely criticise most, the ideas and things of which we know the least.

There is no other calling of which the masses, either literate or illiterate, are so poorly and vaguely informed as they are on questions pertaining to our profession. The average person is prepared to intelligently discuss law, theology, finance, or the press, but as to the well-being of the physical man, either in health or disease, he is wholly lost for reliable knowledge. It is our bounden professional duty to aid in all ways possible in educating the people to know themselves, thereby teaching them to respect all good physicians, and not their own family physician alone. Let our motto be, speak no ill of a brother practician, and endeavor to teach the laity to follow out the same liberal spirit of charity towards all reputable doctors. There is nothing that can advance the standing of the profession more and aid the cause of professional fellowship.

"There is so much bad in the best of us,
And so much good in the worst of us,
That it hardly behooves any of us
To talk about the rest of us."

The public ought to know, though we need not egotistically parade the information, that the true physician is liberal, as a philanthropist he has no superior. He is the friend of the poor, the needy, the sick and the suffering. His heart and purse and time are ever responsive to the call of distress. He gives more to the cause of charity than any other class in the community, the church not excepted. He esteems it a privilege, as well as a duty, to do his full share of charitable work. Our calling is a manly, ennobling, up-lifting avocation but at the same time one of the most exacting and least remunerative.

Permit us to quote from the Southern Medical and Surgical Journal a most beautiful peroration delivered by Mayor W. L. Frierson, of Chattanooga, in response to a toast "The Good Physician," as follows:

"The physician—Man's earliest and last earthly acquaintance—the faithful and silent repository of the most delicate secrets of life and the home, the medium through whom God brings to the service of man all the curative and restorative agencies with which the works of creation abound; a warrior thoughtless of his own life, leading the hosts of science against hostile diseases, bent on the destruction of human life; a missionary preaching the gospel of redemption from habits which destroy the body, wearing worthily and keeping spotless the immaculate vestments of a profession whose sacred mission is to protect and prolong life, relieve suffering, and whose service to man precedes the cradle and ends with the grave, he is in the company of the earth's most exalted, only among his peers."

The people often have false impressions regarding our professional work and knowledge. Not being competent of judging correctly, they may expect too much or too little of us. As to our knowledge, more frequently the profession is given great credit for knowing much more than we do know, or more than it is possible to find out. It may be better in some ways for the laity to remain in ignorance, but altoghether we think enlightenment will, and, in fact, is, prodding the profession to doing better things, and is teaching them to extend more charity in their conduct towards one another.

Please excuse this seeming fault-finding, for we hope it is not jealousy that leads us to claim the right kind of professional ability is not always the physician's stock in trade, notwithstanding it should be such. The personality of the man himself is an important element to success in the practice of medicine. The fictitious skill, apparently so markedly manifest, consists too often in being able to handle the credulous class of people by hiding what is not known rather than by displaying real positive knowledge. Practice is a field where honest tact should be the fertilizer and not deception and hypocrisy. In our true professional fellowship ke can by our actions and teachings, enlighten the public on that which is good and reliable, thereby bringing them to our aid in many ways, where we are needing their assistance in advancing our noble profession.

A leading object of our medical societies, in addition to that of comparing notes and assisting each other in our work, consists in endeavors to cast out the treachery, jealousy and selfishness so often prevalent, thereby elevating the profession and creating more room for closer social and professional fellowship. Cultivate the social and charitable features in our societies and among each other, both at home and abroad, letting others see the good works and be governed accordingly.

Certainly he who mingles too little with his professional brethren, as some are doing, devoting his time alone with invalids, will, unless very much guarded, necessarily become overly narrow and selfish. Though it may occasionally be best to let our light be hidden under a bushel, to the laity, let it shine forth brightly before our profession. Doctors are not different from other people only as their calling makes them so. Therefore to establish true genuine professional fellowship, let us strive more by being unselfish, honest and faithful in the exercise of our duties, every endeavoring to correct these censurable faults, so tending to rivalry

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and jealousy in our ranks, by looking and acting above these vices, for vices they surely are.

We appeal particularly to the younger members of the profession to cultivate the catholic and noble spirit of Chillingworth:

"I will take no man's liberty of judgment from him; nor shall any man take mine from me. I will love no man the less for differing in opinion from me; and what measure I mete to others I expect from them again."

Finally, let us never forget the celebrated advice of Shakespeare:

"To thine own self be true.
And it must follow as the night the day.
Thou canst not then be false to any man."

February 14, 1907.

[Read before the Anglaize County, Ohio, Medical Society.]

Societies.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Homœopathic Profession:

With the next session of the American Institute of Homœopathy drawing near—June 17, 1907—it seems fitting to issue an earnest appeal for every homœopathic physician to take an active part in making this sixty-third session a success, not alone from a social and numerically attended standpoint, but also from that of the school of Homœopathy. Although the Institute in its more than half century of existence has numbered among its members some of the best Homœopaths that have been in the practice, there have always been those who held aloof. This is to be deplored, for the American Institute of Homœopathy has ever been in the front raink of progress in matters of medicine and surgery, it is neither narrow nor dogmatic in its tenets, philosophy or practice, and it extends a hearty welcome to every homœopathic physician, promising a fair equivalent for his time, attendance and attention. For it stands to reason that the annual mingling of the most advanced men and women in the school—the teachers, authors, writers, editors, practitioners and specialists—must make for the betterment of all partakers. And this is true whether that member hails from the densely populated city, or from the quieter but nevertheless strenuous life in the interior of the State. The Institute of Hering, of Farrington, of Helmuth, of Lilienthal, of Allen, of Deschere, of Talbot, of Dake, of Holcombe, of Sawyer, of Ludlam, of Kinne, of Doughty, of Dudley, and the many other famous men and women who have gone before, still lives; it keeps abreast of the day. It especially welcomes the younger and newer members of the profession who bring the latest and best from the schools together with their enthusiasm and younger blood. From all parts of the habitable globe came testimony at our Atlantic City sessions of the admirable status of Homœopathy everywhere. The bureaux and allied societies are sending in programs from which it is evident that the sessions at Jamestown will be of the highest order, while the efforts of the Local Committee in the line of recreation and entertainment, and the success of the Exposition management in providing for our comfort and habitation, all give promise of making this a banner session. The details of hotel, railway and other matters not already communicated in the Exposition literature will be embodied in the official program to be mailed at an early day.

By order of the President,
Frank Kraft, M. D.,
Secretary American Institute of Homœopathy.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION ANNOUNCEMENT.

Arrangements are now practically complete for the fifty-second annual session of the Illinois Homœopathic Medical Association, which will be held in Chicago, May 14, 15, 16 and 17, 1907.

At a meeting of the Executive Committee, held in Chicago March 28th, a letter was read from Dr. J. N. Downs, offering his resignation as president of the association. By vote of the committee Dr. Downs's resignation was accepted, and the first vice-president, Dr. Mary E. Hanks, was requested to assume the duties of president. Dr. Hanks immediately entered upon her work, and plans for the coming meeting have gone forward without interruption.

The first three days of the session will be at the Sherman House, where excellent accommodations have been secured, not only for the general meetings and committee meetings, but for the entertainment of individual members and their families. The Sherman House will be our headquarters during the session, and a special reduced rate is offered to visiting members. Physicians who desire to take advantage of this rate should write for accommodations in advance.

The chairmen of the various bureaux are providing a scientific program of unusual interest, which will include papers by a number of prominent men from outside of Illinois. Leading members of our school will be in attendance from Minneapolis, Iowa City, Ann Arbor, Cleveland and other cities.

A special item of business will be the report of the Tent Colony Committee, which has now completed its work. Sufficient stock has been subscribed to insure the successful establishment of the colony, and a regularly organized stock company has been incorporated under the laws of Illinois. The Buffalo Rock Farm upon the Illinois river, the finest location in the State for this purpose, has been purchased and the necessary buildings will be erected without delay.

The entertainment features of the meeting this year are to be along different lines from those which have characterized our previous meetings. The success of the clinical features introduced last year has led the officers to believe that it will be acceptable to the members if the clinical idea is made more prominent in future meetings. The society has received an invitation from the Hahnemann

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Medical College, of Chicago, to spend the entire fourth day of the meeting in attendance upon clinics at the institution. Acting in conjunction with the entertainment committee the executive committee has decided to accept this invitation. Clinics will be given in every department of medicine and surgery, and luncheon will be served by the college to all visiting physicians. Further information may be had by addressing the Secretary,

Burton Haseltine, M. D.,
100 State St., Chicago.

THE UNION CLINICAL SOCIETV.

The Miami and Shelby County Medical Society met at Sidney, O., with Dr. J. A. Ferree, in the chair, Friday evening, March 8th. After the guests, fresh from their fields of labor in two counties, had all arrived, they were escorted to the dining rooms, where an elaborate four course dinner was served. All then repaired to the reception parlor, searched out easy chairs, and listened to an interesting paper on acute prostatitis, which was read by Dr. Barker, of Covington. The doctor especially spoke of the benefits derived from the use of adrenal injected into the bladder and prostate region after catheterization and before the catheter had been withdrawn. He instanced one case accompanied by hæmorrhage in which the results were extremely gratifying. Dr. Means thought the treatment best suited to this class of cases was mechanical and chemical. He introduced sterile hot sounds and administered remedies to neutralize an alkaline or an abnormally acid urine. He said that the combination called cystitis No. 1 had proven very useful.

Dr. Coffeen had found Terebinthin, 3x dilution and Sanmetto, both very satisfactory in treating this class of troubles.

Dr. Rosenberger had used Sulphur, high, in one case of burning at the prostate, with quick relief. In prolapsus of the rectum, due to straining, which accompanies these troubles, Podophyllum, high, had served him well.

Dr. Barker, of Fletcher, had used Thuja with good results in functional cases. In chronic hypertrophy medical treatment proved a dismal failure.

Dr. Ferree confessed that he was a medical agnostic on the subject of prostatitis medication. In one particularly painful case, in a man very close to him of about thirty-three years of age, all treatment was but temporarizing and palliative. He was still looking for a scientific explanation of its etiology and a reasonable foundation on which to build a treatment.

An agreeable feature of these clinical meetings is the freedom with which opinions are expressed and experiences recorded.

Those present were: Drs. Barker, of Fletcher; Coffeen, Piqua; Means and Wolcott, Troy; Loy, Tippecanoe; Rosenberger and Brubaker, Covington; Beebe, Ferree, Anderson, Hunt, Hobby and Reddish, Sidney.

A. W. Reddish.

OKLAHOMA CITY FOR 1908—AN INVITATION.

Editor Medical Century:

I wish to extend through your valuable journal an invitation to the American Institute of Homœopathy to meet in our city next year. This invitation comes from the Oklahoma Institute of Homœopathy, Oklahoma County Institute of Homœopathy, Governor of Territory, Chamber of Commerce, Bankers' Association, and mayor and city officials of Oklahoma city as well as traffic association. This invitation is extended with a view of giving our members an opportunity to visit the great Southwest, to see one of the richest countries, with great natural resources and with a

Broadway, looking north, Oklahoma City, Okla.

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climate and soil adapted to the greatest variety of crops of any other country in the world. The last State chiseled out of the great Louisiana purchase. A country rapidly filling up with intelligent, progressive people. Oklahoma city has a population of forty-five or fifty thousand people. The greatest city of its size and age in the world. The Homœopaths in the great Southwest need the influence the national society would bring us. There are hundreds of homœopathic physicians in Oklahoma and adjoining States that have never attended a national meeting of our school, and one great reason is because the meetings have been so far away. If the Institute will come here many of them will attend and become interested and members. I trust, the members will see the good they can do us by coming and the interest they can arouse by their presence. I follow this invitation by extracts and letters from the secretary of our Chamber of Commerce, which explains the matters, and by communication from several railroads. If the members decide to come here we will give them a royal welcome.

J. Hensley, M. D.,
Oklahoma City, Oklahoma.

The following is extracted from the letter of Mr. A. W. McKeand, secretary of the Oklahoma City Chamber of Commerce, bearing date of April 11, 1907:

Transportation Facilities.

First, how to get here. Oklahoma City is served by the four large Southwestern lines, namely, Santa Fe, Rock Island, Frisco and the M. K. and T. Coming from points by way of Chicago you can reach Oklahoma City without change by the Frisco and Santa Fe, and by the Rock Island with a change thirty miles west at El Reno, and by the M. K. and T., with a change at St. Louis, by way of Kansas City, all four of the roads; by way of the Memphis gateway, the Rock Island and Frisco. Coming from the Pacific Coast the Santa Fe or Rock Island will give you perfect connections and quick time to Oklahoma City. From the South all four of the lines make direct connections and through trains.

Hotel Accommodations.

After you arrive Oklahoma City has twenty-five hotels. Five of these are large and modern, two of them are especially fine, as good service, as good rooms, and, in fact, everything as good as can be found in any of the Eastern cities. The medium price hotels are good and reputable, and the accommodations second to none in their class. The rates are the same as those of all first-class hotels west of the Mississippi, and no raise of rates is ever made on account of conventions. These hotels easily accommodated anything that we have ever had in Oklahoma City, and we have entertained a number of national conventions and many territorials of large proportions. Among the nationals we might mention the first Rough Riders' Reunion, of which President Roosevelt was a guest. Since that time we have entertained the National Editorial Convention, the National Hoo Hoos, the National Drainage Conference, and a number of others. We have billed for this year the National Spanish War Veterans, the National Fireman and the National Farmers' Congress. This last named association never brings less than 3,500 delegates, and we are promised by the railroads that we will have at least four thousand.

Lee Hotel, Oklahoma City, Okla.

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Place of Meeting.

Regarding a place of meeting, will say that the new convention hall seats comfortably 5,500 people, and with a little crowding can accommodate 1,000 more. For small meetings we have our own assembly room, which seats 500, and the Eagles', the Elks' and Hendrickson Hall, and each of them is capable of taking care of four hundred or five hundred people. The assembly room in our new court house handles easily five hundred. As you know, all of these are in the down town district, close to the hotels and depots.

Fine Street Car Service.

Our street car service and public utilities are unquestionable, and it is not necessary to tell you anything regarding them or the various parks and places of amusement that are reached by our car lines. It is a fact acknowledged by all visitors that our street car service is second to none, as was instanced last Fourth of July when the Wheeler Park

Oklahoma County Court House, Oklahoma City, Okla.

Carnegie Public Library, Oklahoma City, Okla.

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and Delmar Garden lines alone showed 45,000 paid fares, not mentioning the other lines and the regular business of the city. Since that time the service on both the Wheeler Park and Delmar Garden lines has been doubled, and a large majority of the remaining lines have been double tracked, so that this year it will be an easy matter to handle double the size crowds we had last year, and they were no small item, as some of our conventions brought more than five thousand visitors to the city.

Modern City.

Oklahoma City is thoroughly modern from office building to home, from street paving to sidewalk, and the Chamber of Commerce, which is composed of 350 of the best business firms of the city, in fact, all of the best ones, never fails to do its part in entertaining the stranger within our gates.

Threadgill Hotel, Oklahoma City, Okla.

Come and See Us.

We wish you every success in your efforts to secure the American Institute of Homœopathy for 1908, and assure you that if they come to "the center of commerce in the land of promise" that they will be abundantly provided for.

THE ROCK RIVER INSTITUTE OF HOMŒOPATHY.

The 89th quarterly session of the Rock River Institute of Homœopathy convened at the Whiteside Hotel, Morrison, Ills, April 4, 1907.

The meeting was called to order at 11:30 A. M., by President E. A. Sickels, of Dixon, Ill. The following members responded to roll call: Drs. Blackman, Bushee, Blunt, W. I. Carolus, Finley, Gordon, Gray, Gruber, Hazelton, Lanning, Lowell, Martin, Scott, Sickels, Skinner, Snavely, Story.

Minutes of the last meeting were read and approved.

Moved and carried that the October meeting be held in Clinton, Ia., and that arrangements for a July meeting be left to the Executive Committee.

Society adjourned for dinner.

On reconvening at 1:30 P. M., the following program was carried out:

Contagious Diseases—Scarlet Fever, Diphtheria, Small-Pox.

1. Bacteriology and Immunity in Scarlet Fever, Diphtheria and Small-pox, J. L. Snavely, M. D., Sterling, Ills.; discussion, W. I. Carolus, M. D., Sterling, Ills.

2. Quarantine Disinfection and Differential Diagnosis in Scarlet Fever, Diphtheria and Small-pox, F. J. Scott, M. D., Rock Falls, Ills.; discussion, F. C. Skinner, M. D., LeClaire, Ia.

3. Pros and Cons of Vaccination, W. O. Story, M. D. Franklin Grove, Ills.; discussion, O. B. Blackman, M. D., Dixon, Ills.

4. Serum Therapy, M. J. Hill, M. D., Sterling, Ills.; discussion, B. L. Sears, M. D., Amboy, Ills.

5. Homœopathic Therapeutics in Scarlet Fever, Diphtheria and Small-pox, C. Lanning, M. D., Prophetstown, Ills.; discussion, C. N. Hazelton, Morrison, Ills.

The papers were ably written and contained many valuable thoughts and suggestions.

The discussions following were spirited and instructive, bringing out much of practical worth gained from personal experience and research.

The continued interest manifested in our meetings is very gratifying, the large attendance at this one showing that our members appreciate the

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benefits to be derived from frequent association and participation in the consideration of timely topics and professional problems. Adjourned.

E. S. Sickels, Pres.;
A. W. Blunt, Sec'y.

Correspondence.

INTERESTING TEXAS LETTER.

In Favor of Oklahoma City.

April 5, 1907, San Antonio, Tex.

Editor Medical Century:

It seems a far cry from this sunny southland to the shores of old Lake Erie and the great metropolis, yet I am confident that my effort will not be wasted. So much has been written in our monthlies of late urging the Homœopaths to renewed efforts in maintaining their rights and spreading the law of Similia; there has been such superabundance of advice that I feel rather presumptuous in raising a wee small voice to attract the attention of our northern and eastern brethren to this seemingly obscure corner of the States. It seems to me that a little intelligent effort directed to judiciously locating Homœopaths in such States whose inhabitants have not had an opportunity to give us a fair trial would strengthen the school in general. There is too much of a tendency on the part of our recent graduates to settle down in the neighborhood of their Alma Mater, due no doubt to a sense of protection such nearness gives to its alumni, and yet I would like to have these young men realize that they have a mission to perform, that they owe it, not only to themselves and to their Alma Mater, but also to the homœopathic profession at large and to humanity to uphold the beneficent influences of Homœopathy. I do not mean to say that they should do so in a militant and aggressive way, but by doing such tasks as fall to their lot with sincere devotion and unfaltering industry.

We have in Texas a State larger than any in the Union, not only in size but in opportunities for earnest and devoted workers. Practically the whole of the southern field has been neglected by the Homœopaths, and yet this State has some of the finest openings for members of our school. In days gone by the tide of emigration has been westward, but now a halt has been called there, and for some years to come the opportunities will be fewer.

To the South, and Texas especially, a strong movement of emigration has set in, mostly from the States of Ohio, Iowa, Illinois, Minnesota, Wisconsin, Indiana and Missouri. Thousands of northern settlers are fairly pouring into this State settling up the country. The large ranches of former days are being broken up and colonies from various States are settling on them. The inflow of people has been such that land values have risen enormously, and Texas bids fair to metamorphose from a pastoral country to a purely agricultural land. Along with this the resources of the State are being developed systematically, and factories are gradually increasing in numbers and capacities. It needs no prophetic vision for anyone to predict a brilliant future for this State. I wish some of our Northern brethren could see this section of the State, for I know that they would ever after urge our graduates to help settle it. We want good, clean men who have the courage of their convictions, who have the courage to stand by their convictions. In connection with this let me say that if our good Homœopaths in the North would take care to refer their patients (if at all) to any physician, they would do well to ascertain whether they are sending them to members of homœopathic societies. Some of our weak-kneed brethren in the South have joined the old school societies, and you know what that implies. I feel that one who has the interest of our school at heart would not send his patients to a "hybrid." But this is in passing.

The climate here is unsurpassed. Thousands of visitors come here all winter to escape the rigors of northern climes and to gather a fresh stock of health and energy before their return to the larger cities of the North. I have now been here two years, and have no occasion to regret coming here, and wish I could induce other Homœopaths to take advantage of the opportunities which are awaiting them. I know of many locations in this State which afford first-class openings for men of brains and energy. Send us men of education and wit who are willing to work hard for the rich harvest which will surely be their reward. There are many towns of from three thousand to ten thousand inhabitants containing families who desire homœopathic treatment, towns which are growing daily in importance and population, and will afford excellent opportunities to energttic practitioners. And I shall esteem it a privilege to respond to such inquiries as may be made, and will endeavor to reflect accurately the conditions which prevail in southwest Texas.

Let me say in closing that this plea for homœopathic practitioners for the southwest is by implication one for holding the next year's A. I. H. meetings in Oklahoma City. The president of the Oklahoma Institute has already made a plea for it in the journal, and I know I voice the sentiments of the Texas practitioners in promoting the claims of our sister States. I hope the members of the A. I. H. will give this subject their earnest and thoughtful consideration. The educational value to the people of the southwest of an institute meeting in their midst would have far-reaching results and be of untold benefit to Homœopathy.

Yours fraternally,
Walter C. Hirzel, M. D..
Ex-Pres. Texas State Hom. Assn., member A. I. H.

An Ode to the Human Uterus.

Marvelous matrix of exquisite mould.
Nurturing embryo borne to its fold,
Under supreme ganglionic control,

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And gracefully poised in osseous bowl,
Sustained by ligaments numbering four,
Grown to brim o'er the pelvic floor
With proximal ends affixed to its sides
Beneath omentum that over them glides.
No harbor is safer for tender germs
In quest of moorings on donation terms,
When secretion billows buffet new life,
Its growth is delayed by functional strife.
This curious, carnal, inverted cone,
Rarest gem in the genital zone,
We find to be hollow, with tubes a pair,
Ruled sweetly by hostess proffering care
To sightless wanderers ushered in
Wrapped in garments amazingly thin,
Each applicant being a midget guest
To later be rocked on a cushioned breast,
There sustenance draw through babyhood year,
Forestalling hunger and birth of a tear,
Griefs escaping that grown people feel,
Agonies many, they fain would conceal.
It serves as palace for king and queen
Ere their crowning, before they are seen
By subjects patiently waiting the hour
Expected to clothe them with regal power
That uplifts the wand on mounting a throne
Born of inheritance, called their own;
Throne to be given daughter or son
Maintained, perhaps, by powder and gun.
The womb early fosters vitelline life
Shorn of soft nipple, spoon and knife,
For nine long months surrenders it space
And then expels it increasing the race,
Exciting the wonder of student and sage
Who study the process honored by age.
This organ is kind to each human ward,
Biped succored through serpentine cord,
Joined to placenta hung on the wall,
Preventing decline and shock of a fall,
Provisions wise as accoucher knows,
And each obstetrical treatise shows.
All tenants enter in transparent clothes;
Indeed are enveloped head and toes,
While watched by matron showing devotion
Only appealed to by gentlest motion.
No lodger within it speaks a complaint,
Unduly compressed and under restraint;
Forbidden to cry in a nursery voice,
Protesting a regimen not of one's choice.
This edifice treasured, let us all shield,
Promptly when injured see that it's healed.
It toils for the world hidden from sight,
Gives to fond parents their greatest delight.
Resist the assassin with conscience seared,
Who enters this temple Providence reared;
Who dares to invade its sacred domain
And linger 'till budding life is slain,
Bowing alas! to the Demon wealth,
And leaving poor woman ruined in health.
Battle scarred chieftains, soldiers renowned,
Heroes beloved, some nations have crowned,
Men God gave genius in war to display,
All came to this earth the uterine way.

C. S. Eldridge, M. D.

No. 70 State St., Chicago, Feb., 1907.

The Library.

BOOK REVIEWS.

The Transactions of the World's Homœopathic Congress and American Institute of Homœopathy,

Held at Atlantic City, September, 1906.

There could be no better argument against the establishment of an official Institute journal for the purpose of publishing the transactions than the handsome volume itself which has just been delivered to the members of the Institute. In the first place, it is a compact, handy volume, finely printed and bound, and arranged with exquisite taste and care, with fine illustrations, and is a great improvement over any volume that has preceded it. In the second place, the papers and discussions of these two bodies are placed before us in a permanent shape, and one that we can preserve ourselves and refer to at will, and it is all there with no danger of a part being misplaced. Lastly, it contains the useful report of the Committee on Registration and Statistics, with list of members, a necrology list brought down to date, to all of which one can refer at pleasure. It is quite impossible for any one to attend all the sessions held during the convention; there are frequently different societies holding meetings at the same time, and the volume supplies all this; furthermore, to our mind the most valuable part of the work, more valuable than the papers themselves, are the discussions. To have these preserved where we can find them at a moment's notice—and the index of this volume is a specially good one—is a most desirable feature.

The secretary pro tem., Dr. Horner, is to be heartily congratulated on the thoroughness, promptness and excellence of his work. We do not think it could be improved upon in any way. Nothing important that occurred at the Congress or Institute has been omitted, and the volume is one that will make a rich addition to the literature of our school.

Psychology Applied to Medicine.

By David W. Wells, D. D., Lecturer on Mental Physiology and Assistant in Ophthalmology, Boston University Medical School; Ophthalmic Surgeon, Massachusetts Homœopathic Hospital, Boston; Oculist, Newton (Mass.) Hospital. F. A. Davis Company, Philadelphia, 1907.

This work attempts to bridge the gap between psychology and medicine, and as such a work it seems to have carried out the attempt in a concise yet logical manner. It is certainly an entertaining little book to read, and there is much instruction in it; many things not known before. We commend it to our readers.

A Text-Book of the Practice of Medicine.

For Students and Practitioners. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, of

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Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate of the Royal Academy of Medicine in Belgium and of the Medical Society of London. Author of A Text-Book of Practical Therapeutics, A Text-Book of Practical Diagnosis, etc. In one very handsome octavo volume of 1,120 pages, with 131 engravings and 11 full-page plates in colors and monochrome. Second edition, revised and enlarged. Cloth, $5.00, net; leather, $6.00, net; half morocco, $6.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This is the latest work on the practice of medicine that has appeared, and from so eminent an author as Hare we can expect nothing but good. Especially in this edition has the treatment of diseases been carefully presented, and it seems an up-to-date presentation of the subject, and we would commend the work to those who desire to have the latest on old school therapeutics. It is interesting to note Dr. Hare's condemnation of antipyretics in such diseases as pneumonia and typhoid fever, and especially his assertion that intestinal antiseptics in the latter disease is useless for the purpose of destroying the bacillus typhosus. He states that drugs are not to be given if they can be avoided, and that quinine is of little if any value. For diet in typhoid he recommends milk right from the start. The work embraces the whole field of medicine, including diseases of the nervous system.

Paraffin in Surgery.

A critical and clinical study by Wm. H. Luckett, M. D., Attending Surgeon, Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York, and Frank I. Horne, M. D., Formerly Assistant Surgeon, Mt. Sinai Hospital Dispensary. 12mo; 38 illustrations; 118 pages. Surgery Publishing Co., N. Y.

This book covers a special field in surgery of absorbing interest both to the surgeon and general practitioner. The research and original investigations made by these authors in the use of paraffin have exploded many fallacies previously maintained. It presents the chemistry of paraffin, the early disposition of paraffin in the tissues, physical state of the paraffin bearing on its disposition, the ultimate disposition of paraffin, technic and armamentarium. It thoroughly covers the use of paraffin in cosmetic work such as saddle nose deformity, depressed scars, hemiatrophia facialis with a large number of photographs showing cases before and after operation, with illustrations of micro-protographs of the disposition of the paraffin in the tissues. It also presents other conditions of a functional character where paraffin can be used with service, such as incontinance of urine, umbilical hernia, umbilical and ventral hernia, epigastric hernia, inguinal hernia, etc. The subject is presented in a scientific yet comprehensive manner.

The International Hahnemannian Association, F. W. Patch, M. D., President, will hold its twenty-seventh annual meeting at the Jamestown Exposition, Norfolk, Va., on June 24, 25, 26, 1907. The time is arranged so that one trip will include both the American Institute and this association. A strong program is promised by the heads of the various bureaux.

J. B. S. King, M. D.,
Secretary.

Ophthalmology.

USE OF GLASSES BY RAILWAY TRAIN OPERATIVES.

BY J. H. BALL, M. D., BAY CITY, MICH.

The demands of the public that all possible means to insure safety in railway travel be employed, together with the desire on the part of railway officials to make it as safe as human skill can, has combined to make the subject of visual requirements in train operatives, one of growing importance.

Of necessity a discussion of this subject gives rise to the question: If men employed in the operation of trains are to be allowed to wear glasses, shall any limitation be placed on the wearing of such aids to vision?

The most important classes of employes to be considered in such a discussion as this are those directly concerned in the operation of trains, i. e., engineers, firemen, conductors and brakemen.

It is recognized that firemen and brakemen are to all practical purposes men in training to become engineers and conductors. Therefore the proficiency in visual qualifications of the latter as a class will to a large extent depend on the standard of visual requirements maintained for firemen and brakemen.

The trying nature of the work, especially in the case of firemen who must at one time be looking into the glaring fire and almost immediately after bring the eyes into use for long range to aid if possible in observing signals, shows its effect on those who have normal vision. And even more in those having latent refractive errors. The relaxing of the power of accommodation from strain and physiological causes with advancing years gradually brings a lessening of the visual acuity where such errors exist. A young man 18 or 20 years of age may have anywhere from one to two or more diopters of hypermetropia, some astigmatism, and still be able to read $^{20}/_{20}$, but at thirty or forty the relaxation of the accommodation will give rise to sufficient reduction of vision to necessitate such a man wearing glasses to safely distinguish signals. These conditions readily show that it is necessary that the visual standard for a fireman should be higher than that of an engineman, for the latter must of necessity have passed through several years of the work previously mentioned.

Another point in support of a difference in the requirements is that of the increased proficiency in his particular line of work, acquired in the three to ten years' of service, must make him more valuable to his employers, and some consideration and allowance be made in consideration of it. This is

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recognized in the United States Army where the highest standard of physical qualification is demanded of the applicant for admission to West Point, while that required of an officer for promotion to the grade of captain or colonel is not nearly so stringent. Due consideration being given to the physical defects which may have been acquired during his years of service and are offset by the increase of his qualifications in other lines from experience.

Therefore, to maintain as high as possible a standard among enginmen and conductors the qualifications for men entering the service as firemen and brakemen must be that they possess normal vision in both eyes, and that there be an absence of latent refractive errors.

The vision of the engineman is of most importance in this discussion because of his position in regard to seeing train signals. So in the balance of this paper I will consider the subject from the standpoint of the engineman.

There is more or less diversity of opinion as to what is safe allowance for vision in enginemen. Some roads require $^{2}/_{3}$ normal vision, test being made after rest. Others require that the vision shall not fall below $^{20}/_{30}$ with both eyes open. I think that the following standard is one that gives the men full consideration and still insures their ability to see signals at a perfectly safe distance. When combined vision (that is, with both eyes open) is $^{20}/_{20}$, one must not be less than $^{20}/_{70}$, or when combined vision is $^{20}/_{30}$, one eye must not be less than $^{20}/_{40}$.

This means that one eye must be normal or practically so far a man to have either $^{20}/_{20}$ or $^{20}/_{30}$ combined vision.

The question of wearing glasses to bring vision up to normal or nearly so in case of men who come within the requirements of this standard, or if they can be brought up to this requirement by such aid, is a subject to be considered from two sides.

The claims in favor of permitting the wearing of such aids can be summed up as follows:

First, Correction of errors of refraction in cases of men who have been long in the service and bringing vision up to a point that can be considered safe to distinguish signals.

Second, Protection against dust, mist, rain, snow and sleet, also against irritation resulting from pressure of the air against the ocular conjunctiva when running at high rate of speed with head out of the cab window.

Third, Relief from disturbances arising from reflections of sun, etc.

Fourth, Relief from glare and heat of fire.

The reasons given under article one gives practically the only valid reason for enginemen wearing glasses. The bringing of the vision up to normal or up to a point where signals can be recognized without difficulty is the end desired so far as any train operative is concerned.

The trying character of the work, together with the fatigue from nervous strain, as well as physical, is very likely to give rise to the appearance of latent errors of refraction where present as has been previously stated.

It has been shown by careful test that frequently an engineman will start on a run with normal vision and at the end of this run will show a depreciation in his vision of close to 20 per cent.

Many an engineman has normal vision in one eye but is defective in the other eye; this man is a far safer man with glasses than without, for the reason that a foreign body in the good eye will bring his vision below that of his poor eye. While with glasses certain protection is to be had for both eyes as well as the improvement in vision in the poor eye, reducing the danger from such an accident to a minimum.

So far as the protection afforded to the eyes by glasses this is only incidental, for many enginemen are to-day protecting their eyes, even where vision is normal, by automobile eye protectors. In many instances enginemen are using such protectors over their glasses in order to get more protection against dust, etc.

The objections offered to the wearing of glasses are disturbances of vision from glasses becoming smeared with dirt and grease, covered with mist and rain, fogging on coming from cold into warm, danger from breaking glasses while on duty and difference of vision with glasses by daylight and by night.

The question of smearing the lens is one hardly worth considering, for it is a very simple matter to keep glasses clean enough not to interfere with the vision.

Fog and rain are of more importance, but a careful examination into the subject will show that these things give rise to no more disturbance with the men wearing glasses than with the men whose eyes are exposed openly to the same conditions.

The disturbance from fogging on going from cold into warm has been overcome. Preparations can now be had which applied to the lens entirely eliminates this trouble.

The difference in vision with the use of glasses by daylight and by artificial light is not as yet fully determined. That there is a greater depreciation in vision by artificial light with those who wear glasses than with those who do not, has, however, been demonstrated.

The danger from breakage has been eliminated as far as is possible by causing all train operatives who are allowed to wear glasses to carry an extra pair at all times when on duty.

This question was taken up from still another standpoint by the Chicago, Burlington and Quincy Railroad some months ago, resulting in an order requiring that enginemen on fast passenger trains have sufficient acuteness of vision to see distinctly distant signals without the aid of glasses. The explanation for such a distinction is that the constant tendency toward increase of speed and cutting out of stops by important trains, has resulted in many trains being run at a rate of fifty. sixty or more miles per hour. This speed being maintained with very little reduction through many stations with more or less extensive sidings and signals.

A rate of speed of sixty miles an hour means the covering of eighty feet of space per second, that of seventy miles an hour, more than a hundred feet

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per second. Now should it happen that an engineman in charge of a train maintaining such a rate of speed got a smear of oil, fog from steam or should break the frame or a lense before he could remove his glasses and wipe them or get out his emergency pair and put them on, could easily approach and pass signals or obstructions which might result seriously if not observed. For a signal must be recognized at half a mile (2,640 feet) in order to stop a train going seventy miles an hour within that distance.

The conclusions to be drawn from this discussion are to insure a safe standard of vision among enginemen and conductors; all men entering the service as firemen and brakemen should have normal vision ($^{20}/_{20}$) and freedom from latent refractive errors. Also they should not be eligible to promotion to enginemen and conductors if glasses are required to meet the standard of visual requirements.

Enginemen and conductors should wear glasses if vision can be improved, except enginemen in charge of fast passenger trains. Firemen and brakemen should not be allowed to wear glasses.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

To the Homœopathic Physicians of Ohio:

As an individual, what weight does your individual opinion carry, either in protest or in favor of any measure, when presented, in any form, to any governing body having local, county, sectional or State jurisdiction? Compare this with the influence of a body of representative men and women organized as a state institution.

If you are satisfied that you can do yourself as much good and carry as much influence outside of your state medical society; that is your right.

If your are satisfied that a few others should bear all the responsibilty of watching and laboring for our common interests and pay the expense thereof; that is also your privilege.

If you can do as much thinking and reading along medical lines and systematize it all in one year, as is represented in the program of our annual meetings, you certainly do not need to listen to carefully prepared papers and the instructive discussions thereon.

A great many who think otherwise can be found at the Grand Hotel, Cincinnati, May 14th and 15th, next. Will you be one of them?

Fraternally yours,

Thos. M. Stewart.

Free Surgical Clinic.

At the earnest request of many physicians and surgeons Dr. E. H. Pratt will hold a free clinic on orificial and general surgery at the Hering Medical College, 350 Wood St., Chicago, on May 7th, 8th and 9th, from 9 to 12 A. M. All operations are free. No charge for attending doctors, who are invited to bring cases for diagnosis or operation, and thus enhance the general interest of the clinic. For particulars address Dr. Pratt, 1202- 100 State St.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The following changes, corrections and omissions in the published list of committees of the American Institute of Homœopathy are submitted:

Conference with American Medical Association: A. B. Norton, M. D., New York, Chairman; with Drs. C. E. Walton, J. B. Gregg Custis, R. S. Copeland, and B. F. Bailey associates.

W. A. Paul, M. D., Center Dorchester, Boston, is Chairman of the Committee on New Members, vice H. E. Spaulding, M. D., resigned.

T. H. Carmichael, Philadelphia, is Chairman of Committee on Homœopathic Pharmacopœia, with J. W. Clapp, M. D., Boston, as Secretary. Dr. Chas. Mohr, of Philadelphia, continues an active member.

Chas. E. Walton, M. D., is Chairman of Intercollegiate Committee.

Frank Kraft, M. D., Secretary.

THE OHIO STATE HOMŒOPATHIC MEDICAL SOCIETY.

The forty-third annual session of this representative organization will be held in the parlors of the Grand Hotel, corner of 4th street and Central avenue, Cincinnati, beginning at ten o'clock Tuesday morning. May 14th, and continuing for two days. We present the program complete. It should attract all who are within reasonable distance of the place of meeting. An especial effort is to be made to get out a large number of live physicians. Legislation is coming to the front. For the first time in years the legislative committee is going to "do things," not merely have a spasm, but really do something. It will be worth while to be present to hear committee-secretary Siemon tell what has been and is to be done. Society secretary Staples is hustling, as are the bureau chairmen and the local committee. So all you good Ohio doctors come along and have a good time.

Bureau Reports—Ophthalmology and Otology.

T. M. Stewart, M. D., Chairman, Cincinnati,

W. H. Phillips, M. D., Chairman, Cleveland, "Refraction."

R. G. Reed, M. D., Cincinnati, "Cases From Practice."

J. R. McCleary, M. D., Cincinnati, "Conditions Influencing Ocular Troubles."

Discussion opened on each of the above papers by the chairman of the Bureau.

Sanitary Science.

A. W. Reddish, M. D., Chairman, Sidney, "How to Select a Healthy Site and How to Build a Sanitary House."

C. E. Hetherington, M. D., Piqua, O., "Plumbing and Its Relation to the Etiology of Disease."

W. B. Carpenter, M. D., Columbus, "How to Rid the Home of Zymotic Diseases."

I. B. Gordon, M. D., Cleveland, "Potable Water and Its Value in Preventing Disease."

W. G. Hier, M. D., Madisonville, "How Can We Get a Good Milk Supply and What Shall We Eat?"

F. C. Crawford, M. D., Toledo, "Heating and Ventilating."

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Laryngology and Rhinology.

G. H. Quay, M. D., Chairman, Cleveland, "The Calcareas in Diseases of the Nose and Throat."

R. W. Reynolds, M. D., Cleveland, "Indications for a Few Remedies in Diseases of the Nose and Throat."

Bureau of Obstetrics.

Hudson D. Bishop, M. D., Chairman, Cleveland, "The Etiology and Treatment of Fever During the Puerperium."

Alice Butler, M. D., Cleveland, "Some Remedies that Have Served Well in Pregnancy and the Lying-in."

DeWitt G. Wilcox, M. D., Buffalo, "Operations Complicating Pregnancy."

Adolph E. Ibershoff, M. D., Cleveland, "Ophthalmia Neonatorium."

Geo. H. Irvin, M. D., Orrville, "Perineal Lacerations."

H. S. Taylor, M. D., Cleveland, "The Management of Abortion."

John V. Hartman, M. D., Findlay, "The Puerperium."

C. W. Swan, M. D., Akron, "The Hygiene of Pregnancy."

James D. Parker, M. D., Sandusky, "The Treatment of Puerperal Sepsis With Report of Cases."

C. C. Meade, M. D., Cincinnati, "Prenatal Influences."

Chas. Hoyt, M. D., Chillicothe, "Dystocia Due to Faulty Position of the Child."

Clinical Medicine.

W. A. Geohegan, M. D., Chairman, Cincinnati,

J. D. Buck, M. D., Cincinnati, "The Treatment of Certain Forms of Mental and Nervous Diseases."

C. D. Crank, M. D., Cincinnati, "The Sphygmomanometer."

G. J. Jones, M. D., Cleveland, "The Comparative Value of Symptoms in Diseases."

H. E. Beebe, M. D., Sidney, "Constipation."

J. W. Overpeck, M. D., Hamilton, "A Few Cases of Neuritis."

W. B. Hinsdale, M. D., Ann Arbor, Mich., "Broncho-Pneumonia."

Anatomy, Physiology and Pathology.

A. B. Schneider, M. D., Chairman, Cleveland, "Lymphatism—Pathological Consideration."

R. O. Keiser, M. D., Columbus, "Lymphatism—Anatomical Consideration."

C. O. Buck, M. D., Cincinnati, "Lymphatism—Physiological Considerations."

Gynecology.

O. A. Palmer, M. D., Chairman, Cleveland, "Cystic Tumors of the Ovary."

Ellen M. Kirk, M. D., Cincinnati, "Light as a Therapeutic Agent in Pelvic Disorders."

N. T. B. Nobles, M. D., Cleveland, "The Early Symptoms of Cancer of the Uterus."

C. Ginn, M. D., Dayton, "Menorrhagia."

P. B. Roper, M. D., Cleveland, "Salpingitis."

J. W. Means, M. D., Troy, "A Plea For the More General Use of Anæsthetics and a More Frequent Use of Forceps in Obstetric Practice."

Katherine Kurt, M. D., Akron, "Membranous Dysmenorrhœa; a Case."

Martha Canfield, M. D., Cleveland, "A Case of Tuberculosis of Vulva; Diagnosis and Treatment."

Pediatrics.

S. R. Geiser, M. D., Chairman, Cincinnati.

C. M. Boger, M. D., Parkersburg, W. Va., "Some Hints in the Homœopathic Treatment of Diseases of Children."

L. H. Phillips, M. D., Cincinnati, "Infancy's Heritage."

H. D. Champlin, A. B., M. D., Cleveland, "Infantile Cerebral Palsies."

W. M. Blaine, M. D., Youngstown, "The Child Mind."

Surgery.

W. A. Humphrey, M. D., Chairman, Toledo, "Osteomyelitis;" discussion to be opened by C. E. Walton, M. D., Cincinnati.

M. P. Hunt, M. D., Columbus, "Surgical Affections of the Bile Passages."

C. E. Walton, M. D., Cincinnati, "A Therapeutic Trephine;" discussion to be opened by M. P. Hunt, M. D.

N. T. B. Nobles, M. D., Cleveland, "The Enlarged Prostate and Prostectomy;" discussion to be opened by H. H. Wiggers, M. D.

A. T. Barnum, M. D., Toledo, "The Surgical Treatment of Renal Calculi;" discussion to be opened by B. W. Dawley, M. D.

Dermatology.

G. W. Spencer, M. D., Chairman, Cleveland, "Pityriasis Rubra."

R. A. Stevens, M. D., Detroit, Mich., "The Barber and Skin Diseases."

Materia Medica.

Subject—"Argentum Nitricum."

F. Kraft, M. D., Chairman, Cleveland, "General Characteristics."

Isa Teed Cranston, M. D., Burton, "Eye Symptoms."

Ellen M. Kirk, M. D., Cincinnati, "Back Symptoms."

Sophie E. George, M. D., Cincinnati, "Hair and Scalp Symptoms."

Clara E. Cook, M. D., Portsmouth, "Bladder and Kidney Symptoms."

Ella G. Hunt, M. D., Cincinnati, "Nose and Throat Symptoms."

Neurology.

J. R. Horner, M. D., Cleveland, "Influenza; Its Etiological Relation to Diseases of the Nervous System."

W. A. Dewey, M. D., Ann Arbor, Mich., "Some Experiences in the Treatment of Locomotor Ataxia."

R. S. Copeland, M. D., Ann Arbor, Mich., "The Perimeter; Its Use in the Diagnosis of Diseases of the Nervous System."

We have received pamphlets as follows: A Proving of Quinine Sulphate, by Fritz C. Askenstedt, M. D., of Louisville, from the Hahnemannian Monthly, and A New Physiological or Systemic Scheme for the Classification and Study of Drug Effects, by Howard P. Bellows, M. D., of Boston, from the North American Journal of Homœopathy, both of which are of exceeding interest and value.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

Lancaster Office, 9 N. Queen St. San Francisco Office, 330 Post St.
New York Office, 9 E. 42d St. Chicago Office, 451 E. 42d St.

Contributions in medicine, surgery and collateral sciences, exchanges, books for review, editorial communications, etc., should be addressed to Dr. W. A. Dewey, Editor, Ann Arbor, Mich.

Subscription, Two Dollars Per Annum.

MAY 1, 1907.

Editorial.

FOR REVENUE ONLY.

If there is any one thing that our old school friends have persistently and insistently endeavored to impress upon us, and especially upon the laity, it is the accusation that the homœopathic school of medicine trades upon a name. This is an accusation, however, and not a fact. This accusation in its progressive development has enabled that school to go before legislatures and assert that beyond the name upon which we are claimed to trade, there is not sufficient difference between the two schools to admit of separate boards or separate recognition in any way. They assert that our practices are largely the same, that, in fact, there is no difference between the educated physician of the allopathic school and the educated physician of the homœopathic school except that the latter adheres to the name for purposes of revenue only.

Of course, we could, had we a mind to do it, make answer to this latter fling by a claim equal perhaps in value, that the allopathic school, seeing our sucesses as homœopathic physicians, is desirous of getting Homœopathy out of the way for purposes of revenue also, or we might further say that it would probably make that school some more revenue if they could claim as a part of their own our better showing in the treatment of all diseases. We might go further and say many things in reply to their "for revenue only" argument, but we do not care to touch upon that matter at all.

That there is some reason for the acceptance by some old school physicians and by the laity of this accusation as a fact there can be no doubt whatever, and we regret to see that in many instances this reason is furnished by members of our own school. We shall admit that there are a few men of little faith belonging to our school of medicine, that if they came out openly and renounced their belief in the Homœopathy which they have never practiced, they would lose caste with patients and the physicians of both schools of medicine and their revenues would suffer. We could cite an instance of this kind, a prominent physician and surgeon in one of the large cities of one of our large States, a former professor in one of our medical colleges, a former president of the State society, a man who has been represented on the examining board and the board of health of the State, a man who, it is seen, has worked Homœopathy for all there was in it for him in the illegitimate line of self-interest, but who was never known in all these years to make a homœopathic prescription or do aught for the cause of Homœopathy. This shining light of Homœopathy whose name is not well known in homœopathic circles, and who has never been heard of outside his State, for which the gods give us joy, was recently asked by a patient: "Dr., are you not a Homœopath?" The doctor replied, "By affiliation only." He was and is dishonest. He should have replied, "For revenue only." We have a few of these. If they were to leave in a bunch the hole that would remain behind in the school would be harder to demonstrate than our most infinitesimal potency.

There, too, have been some who have deflected from the school for revenue only, they are few, and the positions they fill to-day are not especially desirable or remunerative. We see here and there an ex-Homœopath on a board of regents, on the faculty of an allopathic college, or as secretary of some medical society; their zeal is often directed against our school, but in spite of their oportunities for discovering our weakest links, our chain has not been affected thereby.

There are those who are in the school but who might as well be working on the pipes for all the good they do the school; they do nothing for the cause that has given them a living; they do nothing to aid in its dissemination; as one of these aptly expressed it recently, "I do not care to spend my time exploiting Homœopathy."

There are those in the school who have apparently our interests at heart, who are perhaps good teachers as teachers go, but who misconceive Homœopathy and in this way injure it; they desire to be "practical," and this with them means anything but the homœopathic prescription. It is not so much these men as their teachings that are deleterious to Homœopathy. If they are popular, good fellows and interesting to their classes they carry weight, and their responsibility is great. They endeavor to and do teach what they conceive Homœopathy to be, but they are usually too narrow to concede other conceptions of homœopathic practice than their own.

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We could do without all these classes and even

if some of our colleges would present a dilapidated faculty after they were removed, we believe that the regeneration would prove a blessing to the cause.

There is a duty we owe Homœopathy. We must combat, and energetically, this planting among the laity the seeds of misinterpretation of Homœopathy. We must take active steps to inform the laity all over the United States as to what Homœopathy is. They need the education. The fathers and grandfathers of the present generation knew all about it. They got it from Hering, Lippe, Raue, Neidhard, Wesselhœft, Gray, Small, Hempel and others, but the present generation knows it not.

Let us have an active campaign all over the country. Let us inform the people what Homœopathy is, and what we are doing and have done. Let us inform them what the allopaths are doing to block our progress, and when this is well done there will be no difficulty in opposing legislation inimical to our cause, nor in securing students in our colleges.

EDITORIAL BREVITIES.

Examining Board Warfare in Illinois.

There has been quite a stir in Illinois against Dr. J. A. Egan, Secretary of the Illinois State Board of Health. From the press reports we judge it is because Dr. Egan is unwilling to become the tool of any medical asociation, and so the medical association of the State and the American Medical back of that are trying to oust Dr. Egan. It is claimed that Dr. Egan recognizes some medical colleges in Chicago that the trust is trying to close up. They have brought to their assistance their travelling organizer Dr. McCormack, and the truly ethical spectacle of the secretary of one board rapping the secretary of the board of another State is seen in the meddlesome activity of Dr. B. D. Harison, of the Michigan board. The difference between the two secretaries is easily seen. Dr Egan is too broad a man to let others do his thinking. he is a man that will safeguard the people of Illinois against unqualified practitioners, he is almost regarded as the father of examining boards, and he is broad enough to see their limitations. Dr. Harison appears on the other hand too narrow to conceive this broadness of Dr. Egan's, and so is to jump on him, forgetting that his own State is as full of quackery as Ilinois, and his own board as rotten a piece of machinery as could be well imagined. It is probable that the legislature of that State will change all this.

Resolutions of Appreciation.

Whereas, The Hon. J. Hensley, M. D., has just been instrumental in securing from Mr. Andrew Carnegie an appropriation of $25,000 for the purpose of building an addition to the public library of Oklahoma City; and,

Whereas, This is but another evidence of the far-sighted patriotism exhibited by Dr. Hensley on many former occasions when Oklahoma City's best interests were in jeopardy or in need of assistance, particularly in the memorable contest for the voting of bonds for the construction of our magnificent sewer and water systems, and, later on, in the fight for statehood, both in Oklahoma City and Washington; now, therefore, be it

Resolved, That the members of the Oklahoma City Chamber of Commerce and Traffic Association, in mass meeting asembled, do hereby tender to Dr. Hensley a unanimous vote of thanks for the disintersted public spirit which he has shown on many occasions and hereby elect him an honorary member of this association as a slight token of the regard and esteem in which he is held by his business associates.

Attest: W. V. Hardie,
Secretary.

Editor's Table.

GENERAL NOTES.

The Unanimous Club of New York held a dinner at Hotel Manhattan on the evening of March 27th, which went off with the usual eclat of these interesting social functions.

The annual reunion and banquet of the New York Homœopathic Medical College and Hospital is to take place on the evening of May 16th at the Waldorf-Astoria, New York. Dr. Chas. Francis Adams, president, and Dr. L L. Danforth, toastmaster, together with an active board of directors, are arranging an especially fine program. The association now numbers over seven hundred members, and we expect nearly that number to attend the annual alumni day exercises at the college, May 16th, and the banquet the evening of the same day.

The Michigan State Homœopathic Society meets at Detroit on May 21st and 22d. Dr. George Royal, of the University of Iowa, will deliver an address on the "Needs of Homœopathy and the Present Attitude of the Public and the Old School Towards Us and Our School." No one can handle this subject better than Dr. Royal, and we hope to see a large attendance. Michigan with 650 Homœopaths should have a great society. But there are 550 who are not members, yet these get their living through homœopathic medicine. Do they not owe anything to a system that gives them this living? Were they "physicians" alone they would be in an over-crowded profession, but as "homœopathic physicians" they are in demand all over the country.

The annual report of the Commissioner of Health of the State of New York is said to be the most comprehensive report of the work of the department that has been made in some years, and covers fully the work done the last year and outlines fully the work before the department. This is another feather in the already beplumed bonnet of the valiant knight, Dr. Eugene H. Porter.

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The Minnesota Institute of Homœopathy meets in St. Paul on May 21st, 22d and 23d. The headquarters will be at Hotel Ryan. A fine meeting is promised.

Governor Ballard, of Florida, has appointed Dr. Henry M. Stout, of Jacksonville, Florida, as a delegate to the American Anti-Tuberculosis League, to be held at Atlantic City, N. J., from June 1 to June 4. The Governor is to be congratulated on his choice of so good a man and Homœopathist as Dr. Stout.

The Kansas State Homœopathic Medical Society meets May 9th, 10th and 11th at Topeka. The Nebraska State Homœopathic Society meets at Lincoln, May 21st, 22d and 23d.

Dr. Robert A. Campbell, of Los Angeles, has removed his office to the Mason building, corner of 4th street and Broadway.

That excellent and staunch homœopathic periodical the Hahnemannian Monthly, of Philadelphia, did us the honor to reprint our editorial in our March issue, entitled "Our Mistakes and Theirs." Like all the articles in that journal it seems to read pretty well.

The practitioners' course in Hahnemann Medical College, of Philadelphia, will run from May 6th until May 25th.

Dr. Walter C. Hirzel, of San Antonio, Texas, is to act as the correspondent of the Medical Century in that State. Our friends will kindly send the doctor items of interest and goings on in homœopathic circles.

Gratifying news comes from Pennsylvania that the Homœopaths of that State have won the fight against the substitution of a single board bill for the existing three boards of medical examiners. Several prominent Homœopaths went to Harrisburg to oppose the bill before the Judiciary General Committee, to which it had been referred, but found that the allopaths had withdrawn the bill from the calendar, which practically kilies it for this session of the legislature. Our correspondent goes on to say:

The Legislative Committee of the State Society has worked hard and effectively against this measure. Whatever may be said about politics and politicians in Pennsylvania, there is one true fact, that the present House of Representatives and Senate are composed of men who are independent in action and determined to see fair play. It was because the present law (as one member expressed it) is a square deal for all, and the single board bill was unfair, that it has so signally failed. In spite of alterations and amendments, even including the osteopaths on the board, it has failed to secure the sympathy of the House. If it had passed the House we had every assurance that it would have been properly killed in the Senate. Of course, we expect the fight to be renewed at the next meeting of our legislature, but it is refreshing after our hard fight to feel that the right has triumphed over might.

Dr. Emmet L. Smith has opened a down town office, suite 1102, Chicago Savings Bank building, where he is giving special attention to asthma and hay fever.

Dr. P. S. Replogle, who has been connected with medical college and hospitals in Chicago, has located in Champaign, Ill., and gives special attention to medical and surgical diseases of women.

Dr. Sidney Worth has resigned from the San Francisco board of health.

Dr. Joseph Hensley, of Oklahoma, secured a big donation from Andrew Carnegie for a library in Oklahoma City. He was the recipient of many congratulations from citizens and the press of his city, and is looked upon as one of its progressive and foremost citizens.

Owing to a severe attack of erysipelas President Hooker was unable to fulfill his appointments to make addresses in several cities of the country, as outlined in our April issue. This is a matter of extreme regret from all sides.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, O.

The event of the past month, in a medical way, was the reception and banquet tendered the staff and board of trustees of Bethesda Hospital, by Miss Golder, the matron. An elaborate menu was provided by the hospitable cook, and it was served by the nurses, who made a very pleasing picture in their deasoness uniforms. Pretty flowers and sweet music added to the enjoyment.

Dr. S. R. Geiser (president of the staff) presided as toastmaster, and acquitted himself in a very charming manner. Toasts were responded to by Bishop John M. Waldon, Mr. Schroeder, Drs. Buck, Porter, Walton and Stewart.

Under the management of Miss Golder and the German Methodist Deaconess' Association, Bethesda Hospital has grown in a few years to quite a large institution. It now consists of the main hospital, a maternity hospital, a nurses' home and a large addition, consisting of wards, nurses' rooms, dining room, strong room, and contagious disease rooms has just been completed. It also has its own power, lighting, heating and laundry plant. Through the generosity of one of the trustees a country home has just been purchased. This will be used as a vacation home for the nurses, and also a home for old and wornout nurses.

The institution is free of debt, which speaks volumes for the management.

It affords some excellent clinical and interne advantages for the students of Pulte College.

The March meeting of the Cincinnati Homœopathic Lyceum was held in the faculty room of Pulte College. Wednesday night, March 13th. Owing to the terrific deluge of rain which fell in the city and tied up many of the car lines, the attendance was small. The paper of the evening was by Dr. H. H. Wiggers. His subject was "Trypsin and Amylopsin Injections in Cancer." He quoted from Beard, and cited several cases in his own practice. His conclusions were from his own observations that in some cases the method produced exceedingly favorable results. It is to be hoped that this or some other method will soon be devised that

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will help to stay the ravages of this frightful disease.

The allopathic brethren in this city recently celebrated the semi-centennial anniversary of the founding of the Academy of Medicine. A large banquet was held at the elegant new Sinton Hotel.

An ex-governor of a neighboring State made the principal address.

With the advent of spring plans are under way for the betterment and increased usefulness of Pulte College. What a blessing it would be if the homœopathic profession were to rise up, support and encourage homœopathic colleges, by sending an occasional bright young man as a student. There is lots of room for Homœopaths. The more good Homœopaths the stronger the school and the better its standing.

There is nothing that sticks in our "crop" and causes so much indigestion as to see men go out from our colleges, reap the benefit of others' labors by acquiring large and lucrative practices, and then not contribute a single thing in time or money toward building up homœopathic societies, literature or colleges. This is not only unadulterated selfishness, it is—you know the trait of the animal that subsists on slop.

The final Lyceum meeting for the winter was held in the faculty room of Pulte College, Wednesday night, April 10th. The essayists were: Dr. C. O. Munns, Oxford, O., and Dr. Harry Blackford, Middletown, O.

Dr. Munns read a paper on Prostatitis, devoting most of the time to a discussion of the electrical treatment of it, and the excellent results to be obtained.

Dr. Blackford spoke of Calcarea carbonica, and impressed the many virtues of this old time-tried remedy anew upon the minds of the physicians present.

The following officers were chosen for next year:

President, C. C. Meade, M. D.

Vice-President, J. R. McCleary, M. D.

Treasurer, H. H. Wiggers, M. D.

Secretary, W. H. Smith, M. D.

The Ohio Homœopathic Society will hold its annual meeting at the Grand Hotel, here in Cincinnati, May 14th and 15th.

The local physicians have arranged for a banquet to be given the society the night of May 14th, and expect to give the society members a warm reception.

MINNESOTA MENTION.

BY HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. Paul A. Higbee and wife have recently returned home from an extended sojourn at San Antonio, Texas, where they went for the doctor's health, and if appearances count for anything, he has been very materially benefitted by the climate of the Lone Star State.

Early in March Dr. Geo. W. Roberts, of New York City, was in Minneapolis, and performed a very perfect operation for extirpation of the rectum for cancer of that organ.

While in Minneapolis, Dr. Henry C. Aldrich entertained him at dinner, where he met several of the leading surgeons of that city of both schools of practice, there being at table Drs. J. E. Moore, Knut Hoegh, Geo. G. Eitel, and W. E. Rochford, of the old school, and Drs. O. K. Richardson, Asa S. Wilcox, R. R. Rome, and W. B. Roberts, in addition to Dr. Geo. W. Roberts and the host representing the homœopathic school, all of whom had been present at the operation earlier in the day, which was at the Swedish Hospital.

The graduating class of the college of homœopathic medicine and surgery in the medical department of the University of Minnesota, consists this year of six. Their names and probable locations after graduation are as follows: H. R. Smith will go to the St. Paul City and County Hospital for one year as interne; S. B. Pond goes to the same institution as interne for six months, then as resident pathologist for the next six months; M. B. Cooper will be interne in the Minneapolis City Hospital for the ensuing year; M. J. Rand will be associated with Dr. J. F. Klein in his sanitarium at Anokee, Minn.; W. A. Meyerding and W. H. May have taken the examination and hope to secure appointments as internes at the Metropolitan Hospital in New York.

Dr. R. D. Matchan, of Minneapolis, spent ten days in Chicago recently, taking a much needed rest.

Dr. H. D. Newkirk, of Wolverton, Minn., sold out his practice in December last, and has moved to Tacoma, Washington, where he will engage in the lumber business. His father and two sisters, one being Dr. Bertha Newkirk, have been in Europe all winter, and quite recently the father died very suddenly in Berlin.

Dr. Norman Smith, secretary of the Minnesota State Homœopathic Institute, reports the prospects for a fine program as magnificent, and that some twenty-five papers are already in sight. The brothers in the faith in St. Paul, where the meeting will be held, May 21, 22, 23, are at work preparing an extra fine entertainment for the visiting brethren, and everything points to this, the 41st annual meeting, being the finest of all.

Dr. H. F. Kilgore, Luverne, Minn., wants a young man to come there, one who can do surgery.

We learn by the old reliable grapevine telegraph that the following Homœopathists will probably be appointed examiners for the new State Tuberculosis Sanatorium in the pines in the northern part of the State near the city of Walker: Drs. W. E. Leonard, Minneapolis; L. M. Roberts, Little Falls; C. C. Leck, Austin; A. B. Williams, Wilmont; A. B. Cole, Fergus Falls; Thos. Lowe, Pipestone; E. L. Mann, St. Paul; J. H. Beatty, St. Cloud; L. G. Wilberton, Winona, and Myron W. Smith, Red Wing.

Drs. Asa S. Wilcox, W. B. Roberts and Henry C. Aldrich have been visiting the medical Mecca at Rochester, Minn., in recent months.

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CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

The annual commencement exercises of the Hahnemann Medical College will be held on Monday, May 21st, at 2 o'clock. The regular exercises will consist of the annual address of President Shears, the Dean's reports by Dr. Chislett and Dr. Kahlke, and the report of the Registrar, Dr. Wilson.

The annual smoker of the Phi Alpha Gamma Alumni Association of Chicago was held at Vogelsang's restaurant recntly. Dr. Gilbert Fitz-Patrick was elected as president, and Dr. Richard Street was re-elected as secretary. The evening was spent telling stories, listening to a report of the delegate to the last Grand Chapter meeting, and making plans for the aid of the fraternity and the local chapter in particular.

A free clinical course will be held at the Hahnemann Hospital and College the week following commencement. The dates are May 22, 23, 24, 25 and 26. Clinics will be held each day from half past eight to half past five. A cordial invitation is extended to all physicians to attend this course.

Members of the Phi Alpha Gamma fraternity of this city have formed a dinner club to meet every other month. At these dinners men prominent in the medical work will read papers and plans for the advancement of Homœopathy will be made. It is expected that much good will result from these little informal affairs. All graduate or honorary members of the fraternity, who are practicing in Chicago or its suburbs, are eligible as members.

The homœopathic hospitals in this city all report that they are full, and that it is impossible to accommodate the people desiring private rooms. The men in charge of Hahnemann are planning to enlarge the hospital so as to be in better condition to take care of those desiring accommodations. A new power house is now nearing completion at Hahnemann. It will supply heat, light and power for the hospital, college and nurses' home. About $16,000.00 will be spent on this new building.

Dr. Herbert Judd, who was practicing at Ravenswood, a suburb of this city, has removed to a town in western Nebraska.

Dr. A. H. Waterman, who has been serving as interne in the Metropolitan Hospital in New York, visited friends in this city this past month. He has resigned his position in the hospital in order to accept a similar place in an Edinburgh, Scotland, hospital. His service will be for a year, and he will then visit the clinics in other places in the old country. Upon his return to this country he expects to locate in Chicago and will make a specialty of obstetrics and gynæcology.

Dr. A. E. Midgeley, who has been practicing in Grand Rapids, has returned to this city and has opened an office on the west side.

Dr. F. H. Blackmarr has entirely recovered from an attack of appendicitis, for which he was operated on in March, and is again hard at work.

The committee in charge of the founding of a tent colony have completed their work and have turned over to the stock company, which was organized to conduct it, the grounds at Buffalo Rock, and in a short time patients will be received there. This work was taken up by the Illinois Homœopathic Medical Association, and is the result of the earnest work of the committee in charge. The colony is located about six miles from Ottawa, and will be known as the Buffalo Rock colony.

Dr. J. N. Downs has resigned as president of the Illinois Homœopathc Medical Association, and Dr. Mary Hanks, who was vice-president, has been elected as president by the executive committee.

Dr. Howard Kelly visited in Chicago, April 15th, and was entertained by the Nicholas Senn Club. A banquet was given at De Jonhge's restaurant, and it was attended by the leading surgeons of Chicago. The Homœopaths were represented by Dr. G. F. Shears and Dr. E. S. Bailey.

A meeting of the Eastern Illinois Homœopathic Medical Association was held at Charleston, April 10th, and was well attended. Some excellent papers were read. The officers for the coming year are C. H. Boyes, President; J. W. Johnson, Secretary, and J. Ewing, Treasurer. Dr. Burton Haseltine, of this city, attended and talked on the duty of being members of the State Association and the American Institute, and the benefits of belonging to them. He talked to them from the standpoint of dollars and cents.

Dr. George Dennison and Dr. Charles Dennison, of Tuscola and Charleston respectively, have gone abroad for a year's study in the clinics, paying especial attention to their specialty, diseases of the eye, ear, nose and throat.

The annual meeting of the Illinois Homœopathic Medical Association will be held in this city Tuesday, Wednesday, Thursday and Friday, May 14th to 17th. The sessions the first three days will be held at the Sherman House. On Friday a clinical day will be held at Hahnemann College, the faculty of that school entertaining the members of the association on that day. It is urged that every one attend these meetings, as the program will be an excellent one, and matters of business and of interest will come up at these sessions. Never has there been a time when we needed to be more on the alert than now. The members of the old school are well banded together, and are working in harmony to secure all of the plums, and are endeavoring to have legislation passed which will be of great disadvantage to our school. It is business for us all to get together and see that we are not wiped off the face of the earth, to use a slang expression.

The regular monthly meeting of the Chicago Homœopathic Association was held in the Northwestern University building, April 19th, at half past eight. The paper for the evening was read by Dr. Manning Fish. It was discussed by Drs. Haseltine and Swan. Dr. Hanks, president of the State society, made a short talk on behalf of the officers of that association. Dr. Haseltine and Dr. Aurand also made short addresses, urging loyalty to our state and national societies.

The regular monthly meeting of the After Dinner Club varied its usual program by giving the entire evening to questions pertaining to State work. The After Dinner Club has always been alive to educative matters, and during the three years of its ex-

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istence interest has never flagged. The club is composed of the women members of the homœopathic school, nearly all of whom have become members of the city, state and national societies. There are about seventy-five members. At their annual meeting, April 18th, Dr. Abbie Hinkle, of Evanston, was elected chairman to succeed Dr. Sarah M. Hobson, who has served in this capacity three years. Dr. Sarah B. Duncan succeeds Dr. Rhoda Pike-Barstow as scribe. The club is planning to entertain all of the visiting ladies who attend the meeting of the state society.

On April 5th at the request of the secretary of the state board of health the executive committee of the Illinois Homœopathic Medical Society met at the Great Northern Hotel with the executive committee of the Illinois Medical Society to consider the matter of reciprocity with other States, medical legislation and the requirements of the medical schools for entrance and graduation. Committees were appointed to consider these matters and to make plans, and they are to report at another meeting on April 24th. The object of this is to secure uniform requirements and to have laws satisfactory to all. It all shows that the Homœopaths are being recognized and that they desire to have us represented in these matters. The physicians of our school who attended were Drs. Hanks, Smith, Sweet, Costain and Haseltine.

TEXAS NOTES.

It will interest our Northern brethren, perhaps, to know that six months ago the Bexar County Homœopathic Society was organized here. We have a small membership, but hope to increase it as we get additions to our school here.

Dr. R. H. Gray, of Anamosa, Iowa, has been located here for a year, and will soon open down town offices with his partner, Dr. Nettie G. Gray. Dr. Gifford, who for years practiced in Syracuse, N. Y., has been here three years. Dr. H. B. Freeman is also one of our members, as well as Dr. Wilson, who came here fifteen years ago from Pittsburg, and myself having completed a two years' residence.

Our society meetings are held twice monthly, and we have been favored with very interesting papers so far.

In my next communication I will give you some information about Homœopathy and Homœopaths in the State.

Yours fraternally,
Walter C. Hirzel, M. D.

A WORD FROM TEXAS.

Texas since 1901 has had three separate and distinct examining boards, allopathic, homœopathic and eclectic, each board having equal power. Texas is an exceedingly fruitful field for homœopathic physicians, and we are doing all in our power to get good, intelligent men here. I am a member of the homœopathic board of examiners. The Texas Legislature has passed a new medical law which goes into effect on June 11, 1907. The new law cuts out three separate boards and makes one board of eleven members. Before this single board, composed of allopaths, Homœopaths, eclectics, osteopaths and physio-medicists (five schools), it may be hard for a Homœopath ever to get a right to practice in this immense State. So I would ask you to mention to the Homœopaths of the North that hundreds of big towns are without a Homœopath, and that if they are now practicing on a certificate issued by any of the States, that we will grant them a permanent certificate to practice in this State, by what is called reciprocity, that is, we will without examination grant them a Texas certificate if they have the proper credentials. It will not be necessary to come here, but it will be necessary to send diploma or a certificate from your State board, or both. I would advise that any one desiring the Texas certificate to immediately communicate with the secretary of our homœopathic board, Dr. H. B. Stiles, Waco, Texas. Our board will likely meet in Fort Worth in the early part of June, and there should be no delay in taking the matter up for that time. The Homœopaths in this State average fully twice the income that the allopaths do, our population is very cosmopolitan, being made up of people from all parts of the United States, and a great many prefer homœopathic treatment. The Texas climate is unsurpassed in this or in any other country. Come to the "Sunny South."

Very truly,
F. L. Griffith, M. D.

Austin, Texas, April 19, 1907.

ANOTHER WORD.

Editor Medical Century:

Do you care to state in the May issue of the Medical Century that Texas delegates will vote a unit at the American Institute meeting for Oklahoma City for the 1908 meeting?

Texas and Oklahoma feel that our sea board brothers can learn some things to their advantage, besides how to give the indicated remedy in the great Southwest.

Very truly yours,
Julia H. Bass, M. D.,
Secretary Texas Homœopathic Medical Association.

KENTUCKY STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dear Doctor:

A busy season, rich in experience to most of us, has just passed, and with it we should be better fitted than ever before to meet and battle with disease. What has your clinical experience taught you during these busy months? In what cases can you point with reasonable certainty to the remedy which has turned disease into health? These are questions we all like to ask each other and discuss. No

better place for such a discussion could be selected than the next meeting of the Kentucky Homœopathic Society to be held in Louisville, May 14th and 15th. This date is somewhat earlier than usual in order to secure the presence of some leading materia medicists, and we trust you will lose no opportunity to prepare for the meeting.

It is our endeavor to have the larger part of this meeting devoted to homœopathic materia medica and reports of clinical cases. Will you not contribute a straw or more to the stack by presenting to us a paper on your clinical experience, or any subject you like. Send in the title of the paper at your earliest convenience. We need your experience, and you might need ours. Besides, we all want a fraternal handshake.

Remember the date, May 14th and 15th, at Louisville.

Yours fraternally,
F. C. Askenstedt, M. D.

Louisville, April 16, 1907.

OBITUARY.

Dr. Edwin Smith.

Aurora, Indiana, March 6th, æt. 74. Pulte Medical College.

Dr. Leander P. Jones.

Greenwich, Conn., æt. 62. New York Homœopathic College, 1874.

Dr. S. B. Anderson.

Denver, Colorado, died March 2d. He graduated in 1854.

Dr. Harlan S. Boardman.

Montpelier, Vt. Cleveland Homœopathic College, 1879. Æt. 56. March 21st.

Dr. Charles R. Brown.

Lynn, Mass. New York Homœopathic College. Æt. 70. March 21st.

Dr. Francis E. Watts.

Olean, N. Y. Hahnemann Medical College, Chicago, 1883. Æt. 47. March 27th.

Dr. Joseph N. Knight.

Cliftondale, Mass. Boston University School of Medicine, 1883. Æt. 45. March 30th.

Dr. A. M. Erwin.

Mantan Sta., Ohio. Cleveland Homœopathic College, 1882. February 2d. Æt. 63.

Dr. Florentine O. Reese.

Cleveland, O. Cleveland University of Medicine and Surgery, 1894. Æt. 55.

Dr J. W. Stoner.

North Baltimore, O. Cleveland University of Michigan and Surgery, 1888.

Dr. Charlotte E. Page.

Tyngsborough, Mass. Boston University School of Medicine, 1880. January 17th.

Dr. J. Utley.

Newton, Mass. Hahnemann College, Philadelphia, 1875. March 15th.

Dr. C. B. Currier.

San Francisco, Cal., April 17th. A more extended notice of this grand old Homœopathist of the Pacific Coast will be given in our next issue.

Diseases of the Lungs.

By Robert H. Babcock, A. M., M. D., Illinois State University, Chicago Medical Department. D. Appleton & Co., New York and London, 1907.

Professor Babcock has left nothing to be desired in this excellent work on Diseases of the Lungs. It is thorough, up-to-date, finely illustrated and altogether the best work on the subject. In the treatment of such diseases as pneumonia the author confesses the woeful inadequacy of therapeutic measures with which to combat it. He specially protests against Veratrum viride and Aconite, and well he may in the doses employed by his school, and especially in the utter absence of indications. These remedies every Homœopathist knows are only useful in the congestive stage, and then only under certain indications. Then, and only then, are they useful. It seems a pity to us that a man with Professor Babcock's experience should not have made a study of homœopathic remedies in this disease. It is a valuable book to possess, for if it does not come up to our ideal in treatment, it does in all other respects, and will serve us usefully in knowing what to avoid in treatment, for even the latest and best of the allopathic school is "woefully inadequate" in pneumonia.

Dr. A. P. Williamson is making a record in the Southern California Homœopathic Insane Hospital. He is to establish a model dairy in connection with the institution. The percentage of cures of insanity in this asylum reached the exceptionally high record of seventy-seven. The average percentage of cures of insane patients in the State hospitals and asylums of the United States is forty-four. Homœopathic treatment of the insane from Hahnemann's time to ours has always been wonderfully successful.

Messrs. Murtinho, Nobre & Company, homœopathic pharmacists of Rio de Janeiro, have forwarded to the American Institute of Homœopathy through Boericke & Runyon, of New York, a fine specimen of the crotalus cascadella. It is now in the New York Zoological Park, where some of its venom is to be extracted. This will be furnished free to any who wish to make experiments with it.

We have received a beautiful souvenir postal card depicting the home of Dr. J. A. Lenfesty, of Mt. Clemens, Mich. The doctor is the leading physician of the Carlsbad of America and a Homœopath.

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Materia Medica.

TUBERCULINUM.

BY A. L. BLACKWOOD, M. D., CHICAGO, ILL.

[Read before the Illinois Homœopathic Medical Association, Chicago, May 16, 1907.]

It is with a degree of hesitancy that I appear before this association with a subject which you and your predecessors have been studying for well-nigh a century; yet recent developments in the scientific world prompt me to bring it again to your attention. For as a school you have long been the pioneers in this line of scientific investigatoin.

Three thousand years B. C. the Egyptian Epopts taught "the serpent's sting the serpent heals;" this thought was revived by Xenocrates 400 years B. C. While Dr. Lux, a homœopathic physician, in 1823, called attention to the toxins developed in the body as having the power, when properly attenuated, of curing the very disease that gave rise to them. In 1830 Dr. Hering suggested the saliva of the rabid dog as a remedy for hydrophobia, and phthisin as a remedy in tuberculosis. Dr. Biegler reported its use in a case of tubercular meningitis in the New Organon of July, 1879, page 439. Swan published his work on Morbific Products in 1886, which contained the action of Tuberculinum. Burnett's new cures were recorded from 1885 to 1890, and during the period from 1879 to 1890 various homœopathic writers recorded their results with this agent.

It was not until 1890 that Koch published to the world his observations with Tuberculin. This shows the priority of work accomplished by the observers of the homœopathic school.

In the preparation of Bacillinum Boericke & Tafel employ the pus from a tuberculous lung, in which the tubercle bacilli has been found microscopically. This was originally put in glycerine, and the lower potencies made with pure water, to which gradually some alcohol was added in higher potencies only.

For the original preparation of tuberculin Koch took a veal bouillon containing 4 to 5 per cent. glycerine and 1 per cent. peptone, inoculated it with tubercle bacilli, and kept it at a temperature of 38 degrees C. for six or eight weeks in a shallow layer in flat bottom flasks; at the end of this time there was an abundant growth with copious film formation. The cultures were then evaporated to one-tenth of their bulk, and the bacilli were killed by exposing them for an hour to a temperature of 100 degrees C. The result of this process was tuberculin, and it evidently must have contained dead tubercle bacilli and whatever they contained.

The new tuberculin (tuberculin R.) is produced by triturating highly virulent tubercle bacilli, mixing with water, centrifugating, and, finally, passing the resultant fluid through a Chamberland filter and adding glycerine.

Dr. Clarke, in his Dictionary of Materia Medica, page 1460, says: "I consider it best to reserve the name Tuberculinum for this preparation of Koch, as it is universally known by that name." Burnett's "Bacillinum" is now accepted as the name of the origi.nal homœopathic preparation, and though its originator, Swan, named it Tuberculinum, it owes its present position in therapeutics to Burnett, and it will simplify matters if we make the term Bacillinum cover the homœopathic nosode and Tuberculinum the preparation of Koch.

Continuing on page 1461, he says: "I do not find any appreciable difference between the action of Tuberculinum and that of Bacillinum. My own impression is that they are practically identical, and that the one will answer to the indications of the other. Nebel has used Tuberculinum in exactly the same way as Burnett and others have used Bacillinum, on the indications Burnett laid down and with Burnett's results."

Koch and the majority of his followers administer tuberculin hypodermically, while the Homœopaths give it by mouth. Dr. Freymouth, in the Munchener Medizinische Wochenschrift, 1905, No. 2, page 63, in controversion of the statement of Koch, has proven that tuberculin is, under certain conditions, active when given by mouth, and produces effects similar to those of injection of this agent. The minimum active dose by mouth is 0.075 to 0.150 minims, given on an empty stomach and in keratin coated capsules, with a little soda bicarbonate to neutralize the acidity. The reaction in some cases is as pronounced as that following an injection, and there seems to be present in the individual the same relation between the sensitive to tuberculin by mouth and the same substance under the skin.

The author considers it unfair, however, as yet to compare the therapeutic results of tuberculin given by these two methods, but believes that research, which he proposes to institute, will show them to be identical.

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As a diagnostic measure tuberculin has been employed by many. Those who have employed it most extensively to this end are the most encouraged with the results obtained. The injection should not be given unless it is known that the temperature has been normal during the preceding days. Nor should it be given at night lest a slight reaction occurring during sleep be overlooked, and a severe reaction follow a second and larger dose. If the dose of one milligram be injected, hypodermically, into a healthy subject, it gives rise to slight pains in the extremities and a transient sense of fatigue. If the same amount is injected into a tuberculous subject there results a more pronounced reaction, both locally and generally. From four to five hours following the injection there is a chill, which is followed by a rise of the temperature and a quickening of the pulse rate, more severe pains in the extremities and a more pronounced sense of fatigue. There is also loss of appetite with nausea and drowsiness. These symptoms last from fifteen to twenty hours, when they have subsided the patient usually feels better than before. In cases of advanced tuberculosis the injection may be followed by a rise of the temperature to 106 degrees F. When the temperature rises suddenly, collapse and death have been known to result. The reaction is greater in pulmonary cases than when the lesion is confined to the osseous tissue. In these cases the cough increases and a sense of dyspnœa and distress is complained of. In cases of lupus the effects of the injections are pronounced.

A subject is said to react to the tuberculin test if within twelve hours following the injection he develops a rise of temperature from 1½ to 2 degrees F. above the previous temperature. The initial dose is usually from ½ to 1 milligramme, and this is followed in from three to seven days with doses of 2-4-10 milligrammes.

Dr. T. McAnderson, in the Lancet, June 16, 1900, states his great interest in tuberculin as a remedial agent in the human subject. His observations were made in the Western Infirmary, Glasgow. In thirty-three cases of lupus vulgaris treated with tuberculin, the results were: Improved, two; much improved, eight; very much improved, seven; almost well, four; well, twelve. The average duration of the treatment was four months. In seven cases of scrofuloderma affecting various parts of the body the results were: Improved, one; almost well, one; well, five. Four months was the average period of treatment. The writer holds that lupus erythematodes is a manifestation of a strumous diathesis, and reports three cases cured by the use of tuberculin.

Dr. A. S. F. Grunbaum, in the British Lancet, September 24, 1904, makes an appeal for a more extensive employment of this remedy, claiming that it not only has direct curative action, but that it stimulates the production of curative bodies against the tubercle bacillus. He warns against too large a dose, and advises that they be not repeated within a week.

Brown, in the British Medical Journal, May 20, 1905, reports a case of tuberculosis of the bladder occurring in a girl aged 16 years, in which the use of Koch's T. R. tuberculin brought about a marked improvement, the disease being apparently arrested. The dose at first was one two-hundred and fiftieth of a milligramme, which was slowly and carefully increased to one m.m. This was given once a week, and caused only a slight reaction. After three months' treatment cystoscopic examination showed the ulcers to be healed, but scattered nodules were still present. No tubercle were found in the urine.

Trudeau has never abandoned his faith in the value of tuberculin. In a study of 135 patients in which tuberculin was used, discharged from his sanitarium during fifteen years, and a similar number in which it was not used, he found that eighteen per cent. more of the former, in incipient cases, were living than in the latter, and twenty-five per cent. more of the former, in advanced cases, than in the latter. The question asked by the author is: "Are the favorable results indicated by these figures, due solely to tuberculin or to other factors? The only sources of error which he can suggest are the influence of the selection of cases, and the fact that the tuberculin patient remained longer in the sanitarium than the others. Any specific curative influence of the tuberculin would be definitely shown by prolongation of life in the advanced class, rather than in the incipient class in which there is tendency to cure without treatment. The author formed the opinion years ago that tuberculin carefully administered, has a favorable influence, and helped to improve the results of sanitarium treatment. The figures which he brings forward at least do not contradict his views." Dr. G. A. Heron, before the British Congress on Tuberculosis, 1901, stated that he believed tuberculin had fallen into discredit.

First. By its frequent use in unsuitable cases.

Second. By its administration in too large doses.

Third. By the neglect of the rule that it should be administered very cautionsly, if at all, when fever is present.

Fourth. By the neglect of the rule that the dose should be reduced when its administration has been followed by a rise of temperature.

Dr. Goetsch, of Slawentzitz, before the same congress, reports his observations in 242 cases of tuberculosis, not of the lung alone, but of all tissues. Of this number he reports seventy-one cured. These cases were not selected, and in some tuberculin was not indicated. He began his treatment with the 0.0001 of a gramme as the dose, and if this produced any rise of the temperature the dose was reduced 0.001 milligramme. Prof. McCall Anderson stated that this agent was calculated to do good in the early stages of tuberculosis, but in cases where a large extent of lung substance has been implicated it must be used with caution, if at all. In external tuberculosis it is nearly always beneficial. He also states two facts that the homœopathic schools have long contended for, namely, that there are two factors that must be recognized in the production of tuberculosis, first, the soil suitable for the growth and development of tuberculosis, and second, the tubercle bacilli.

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Mr. Frederick Eve, in the Lancet, page 704, Vol. II., 1897, reports of its favorable influence in cases of early tuberculosis of joints or where there was no evidence of softening of caseous material exists, also of its favorable influence in cases of tuberculous epididymitis.

In the Annales de Chirurgie et d'orthopedie, for August, 1898, there is the record of a case of right coxalgia accompanied by fistula, in which injections of the five-hundredths of a milligramme of tuberculin at intervals was attended with a disappearance of the suppuration and an obliteration of the fistula. The anchylosis was broken up, and seven months later recovery seemed perfect.

In the British Medical Journal, April 13, 1907, Riviere reports having treated a series of cases of tuberculosis in children with tuberculin, controlling the results by means of the opsonic index. His cases included tuberculosis dactylitis and superficial abscesses, tuberculous glands, psoas abscess, tuberculous joint disease, abdominal tuberculosis and phthisis. His conclusions are as follows:

1. That in tuberculin we have a most valuable remedy in localized tuberculosis. With proper dosage a steady uphill progress occurs both in the local conditions and in the general health. That this improvement corresponds with an increase in the opsonic power is shown by the alternate improvement and relapse in the superficial lesions with the rise and fall of the opsonic index of the blood.

2. That tuberculin, especially suitable for localized tuberculosis, is also of value in many cases of less localized infection, especially if nutrition be not greatly impaired. Many of the cases appeared hopeless from the onset. With marked wasting and general illness no good results should be expected; yet even under such conditions tuberculin is occasionally the turning point in a down-hill course. So that unless the lesions are known to be widespread, it is still worthy of trial.

3. That tuberculin cannot take the place of surgical procedures, but should be used in conjunction with these. Especially must caseous material, unless small in quantity, be removed, and this should be done at a time when the opsonic index is at a high level. On the other hand, many cases would escape the necessity for surgical measures if tuberculin were given sufficiently early.

4. That the secondary infection, always present with open tuberculous lesions, generally lessens with improvement in the tuberculous process.

5. That tuberculin treatment should only be undertaken by those who have given it special study.

Dosage: One two-thousandth of a milligramme is the average adult dose, and fractions of this must be given to children according to their size. But children stand rather larger doses in proportion to their weight than adults.

B. S. Arnulphy, M. D., contributed several articles on the subject of tuberculin that you will find in volumes XVI., XVII., XVIII., of the Clinique. He also read a paper before this association at its meeting in 1892, which was published in the Medical Era, Vol. X., page 292, in which he recorded its favorable action in three cases of acute tuberculosis.

J. Robertson Day, M. D., presented a paper, entitled "Two Nosodes in Pædiatric Practice," before the International Homœopathic Congress of 1906, which you will find in the Transactions, page 489. In this article he shows the action of this remedy. Dr. J. T. Kent, in his Materia Medica, devotes a lecture to this remedy, as does Dr. H. C. Allen and others.

In the Clinique, page 289, 1902, the writer reported his observations in a case of "Tubercular Infection" in which the hip had been the original point of attack. The young man is now a fine specimen of manhood, apart from the shortening of the leg, the result of an operation. The tuberculin was employed in the 200th potency. I have since observed its favorable action in eighteen cases of acute tuberculosis. In those cases where the secondary infection is pronounced it is seldom indicated.

This remedy is indicated in cases of those who have a tendency to tuberculosis. By the term "tendency" I mean an inherited predisposition characterized by a deficiency in the germicidal and defensive properties of the tissue, and an inherited weakness of the respiratory organs, lymphatic and vascular system which favors the localization of the germ. The typical patient is tall and slender with a flat, narrow chest. He is weak, physically, but bright, mentally, and usually a blonde. There is a clinical history of temporary improvement with repeated relapses even under the well selected remedy. The character of the symptoms are ever changing, one organ after another appear to be the seat of the disease. The patient's resistance is below normal, and as a result he is subject to recurrent attacks of catarrh and catarrhal fever without being able to explain why. This condition may be confined to the bronchia and results in lobular pneumonia and capillary bronchitis; in other cases, if it is a woman, a profuse leucorrhœa may be present.

The mental symptoms of the patient are typical. He is snappy, fretful, depressed, melancholic, whines and complains. He is hopeless, and has an aversion to mental work. There is restlessness which is aggravated during the evening, and continues till midnight. There may be a constant desire to move and change about; to go somewhere. The sleep is frequently restless with talking and screaming, showing more or less irritation of the nervous system.

Headache is a prominent symptom. It is often intense, and may become so severe that the patient is rendered unconscious, screams, pulls the hair, and beats the head against the wall. At times there are sharp cutting pains through the head, while again there may be a sensation as of a band about it. These severe pains and general symptoms and stabismus associated with acute tubercular meningitis led Dr. Beigler to employ it with such favorable results in tubercular meningiits, and Dr. Sinker in basilar meningitis, which was believed to be tubercular in origin.

If the morning and evening rectal temperatures are carefully taken, it will be found that the diurnal

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variation is greater than is normal. At times the elevation of the temperature may be continuous for twelve to twenty hours. This may be attended with vomiting, an increased pulse rate and a quickening of the respirations.

It produces pronounced pain in the renal region with blood and albumen in the urine which contains an excess of urates and an abundant viscid mucous discharge. Peptonuria may be present. These symptoms led Jousset to employ it in nephritis.

Along the respiratory track there is a sensation of dryness of the throat with inflammation of pharyngeal mucous membranes, and laryngeal catarrh with ulceration and œdema of the glottis with a desire to cough, which is often without expectoration. Again, it is attended with a loose, easy expectoration. There is a sensation of heat in the chest, while physical examination of the chest reveals bronchitis and pulmonary œdema, and post-mortem examination shows catarrhal pneumonia with soft hepatization and a tendency to the formation of abscess. The blood shows a diminution of the oxyhemaglobin, and in advanced cases a leucocytosis. The most positive change is a lowering of the opsonic index for tuberculosis. The subject of the opsonic index is such that the writer would refer those desiring his views on the subject to the February, 1907, Medical Century.

The skin shows erythematous eruptions resembling that of measles, with subcutaneous indurated nodules. The breath is fœtid, the tongue coated brown, is dry, while the uvula is inflamed. The gums are inflamed, blue and ulcerated. There is viscid material in the mouth, which is distasteful to the patient. There is nausea and vomiting with pain in the stomach and diarrhœa. Both the spleen and liver are congested. There are severe pains in the lumbar region which are aggravated from pressure. There are also tenderness and swelling about the knees and hip joints. The lymph glands are swollen, while all the serous surfaces are congested.

I have endeavored to show the priority of homœopathic investigators in the action of this remedy.

The similarity of Bacillinum and Tuberculin, the diagnostic value of tuberculin, and the similarity of this to the (homœopathic) aggravation that is as old as the tenets of the homœopathic science of therapeutics is apparent.

The observation and the extensive use of this remedy by clinicians, its action, dosage, and I would call your attention to the smallness of the dose. That it is not indicated in all cases and must be selected on the totality of the symptoms.

The careful review of the literature on this subject has impressed me with the fact that the homœopathic profession to which this remedy belongs has not, as a profession, utilized it. That it has been taken up by the old school and has been employed in acute cases to the exclusion of nearly all other remedies.

We have here a remedy the action of which, when coupled with fresh air and proper diet, robs acute tuberculosis of its terror. This is evidenced not alone by the general improvement but by the raising of the opsonic index and affording the phagocytes a better opportunity of waging a successful war upon the tubercle bacilli. And in cases where the tubercle bacilli are not present, but the system is favorable for their development as indicated by the low opsonic index, it assists in rendering the subject immune.

A NEW MINERAL—SAXONITE.

BY A. C. COWPERTHWAITE, M. D., CHICAGO, ILL.

While the medical profession are continually adding to their materia medica remedies derived from the Vegetable Kingdom, it is an exceedingly rare thing in this advanced age to find anything absolutely new in the Mineral Kingdom.

Saxonite is the name that has been arbitrarily given to a hitherto nameless mineral of comparative recent discovery. The following is its chemical analysis:

Silica	68.05
Alumina	17.06
Iron oxide	3.69
Calcium carbonate	4.40
Carbonate of magnesia	1.53
Sodium carbonate (free)	.69
Alkalies in combination in clay	2.62
Organic matter	1.06
Water	.36
Total	100.00

Chlorides none.
Sulphates none.

I have been studying the effects of this mineral product chiefly in so far as its external uses are concerned for over four years. The results have been so astonishing and satisfactory that I have come to the conclusion that we have in Saxonite a valuable medicine, not only for external use, but also as an internal remedy in many conditions. My object in writing this paper is to interest the profession in Saxonite and endeavor to secure some tangible evidences from its clinical application and from provings as to its value as an internal remedy.

Some three years ago I secured a quantity of this mineral and sent large samples of it all over the country to our most prominent surgeons requesting them to give it a trial for purposes in which myself and others had found it of apparent great value. A few gave enthusiastic replies. One gave a negative reply, while several did not give me the caurtesy of any reply at all, and probably made no use of the mineral whatever. Since that time I have quietly kept up my investigations, but have been somewhat deterred from writing on the subject or giving it any publicity for the reason that a company has since been formed in Buffalo, N. Y., that controls all the mines so far discovered, and I questioned the propriety from an ethical standpoint of pushing the mineral when doing so made it necessary for me

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in a measure to advertise this concern. However, I am so thoroughly convinced of the therapeutic value of Saxonite, and, so far as I can learn, the firm of which I speak are not using any illegitimate methods in placing it before the public, simply putting it in the form of a soap without the addition of any other drugs, chemicals or greases, in which form it is often most convenient to use it externally, that I have concluded not to hide its real value under a bushel any longer, but seek to have the profession aid me in finding out just how much value there is in it as an internal therapeutic agent. We might as well drop iron from our materia medica because James J. Hill and a few others control the output. Besides there are probably more mines of Saxonite yet to be discovered, but neither I or any other member of the profession can afford to wander around hunting them up, so long as we can secure all we need for investigation free of charge from the company who now has the mineral under control. However, I would like to have it distinctly understood that I am not a member of the company to which I refer, and have no financial interest whatever in propagating the remedy. I should before this have superintended the making of provings of this mineral, but have been in poor health the past three years, and besides I have been in the proving business for thirty-five years or more, and prefer to leave that sort of scientific investigation to younger and more able men than I now consider myself to be.

A surveying instrument was discovered half embedded in the ground. The metal instead of having become rusty had acquired a high degree of polish. Investigation developed that it had been embedded in a deposit of mineral hitherto unrecognized. The first discovery then was the value of the mineral in polishing metals. This is of no special interest to the physician except in the fact that it has proved the best agent for polishing surgical instruments, and it at the same time acts as a deodorizer and renders them perfectly aseptic. The physical properties of Saxonite are quite unusual. In the first place, it is very light and of extreme fineness. It has been found by actual test that 98 per cent. of it in its natural and untouched condition will pass through a bolting cloth of 250 threads to the inch, which is the finest bolting cloth manufactured. It is necessary to count these threads with a microscopic micrometer. The geological survey at Washington write that they have no similar mineral in their records. They have many of the same class and have given their origin as volcanic, having been thrown into the air during volcanic eruption, assuming their present physical characteristics to a cooling process caused by their descent from a very high altitude, to which I should add also their long exposure to the elements, probably for many centuries.

Naturally in handling Saxonite one of the first of its virtues to be discovered was its remarkable cleansing properties, not only in removing ordinary dirt rapidly, but it was soon found that it would with equal rapidity remove, grime, grease, paint, ink, fruit stain and iodine stains. It was found that instead of irritating the skin it had the opposite effect, and its continued use left the skin soft and velvety. Those having an unhealthy skin, either rough and chapped or covered more or less with various sorts of eruptions, were surprised to find their skin entirely healed, and that usually within a very few days. It was at about this stage of affairs that a friend in Oregon sent me a barrel of the mineral, and I with the aid of several other physicians commenced investigations. The results of those investigations were little less than marvelous. I have never known it to fail to cure salt rheum or eczema within a few days, even heretofore intractable cases of long standing, and which had resisted all other methods of treatment. In these cases in every instance, where I could keep them under observation, the eruptions have not returned unless the patient reverted to the use of ordinary chemical soaps on the market. It is a broad statement to make, but I have cured and seen others cure (apparently) more cases of eczema with this mineral during the past three years than I have seen cured by other remedies, internal or external, in the previous fifteen or twenty years.

I made a series of tests in cases of acne. I prescribed for five cases in one week, and used only the mineral (in soap form). Three cases were well within one week. In two old and very bad cases it required between two and three weeks. In no case did the acne return unless the patient again commenced using common toilet soaps.

It is astonishing the effects of Saxonite on scalds and burns. It at once eases the pain, and the wound heals with rapidity. I will mention only one of many cases. A woman was burned by the explosion of a gasoline stove. I was summoned immediately; found her in great agony. She was a mass of blisters from the abdomen to the lower eyelids. I pricked the blisters and then smothered the burned surface with Saxonite. She said at once, "Oh, how good that feels." From that moment she had no more pain, and at the end of a week the entire burned surface had completely healed without a drop of pus.

As a matter of fact, pus cannot exist in its presence. It will not form in a fresh wound or remain in an old wound or sore when treated by this mineral. In old sores the pus is soon destroyed and healthy granulations are established.

It is the greatest deodorizer I have ever used. It will destroy all odor on the hands or body from any cause. In open cancer it not only cleans up the sore and keeps it clean but destroys the odor also, even in extremely bad cases where the family could formerly hardly remain in the house.

About two years ago I visited the neighborhood where the mineral is found. The natives of the vicinity delighted in gathering around me and detailing the various cures they had experienced. A number of cases of irritable itching hæmorrhoids were reported by them as having been cured by the mineral. This virtue of Saxonite I have since repeatedly verified. Others reported cures of con-

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stipation by taking a small self-made pill two or three times a day. I know of a number of persons who use it in this form as a laxative, but I have never prescribed it for such a purpose.

One interesting report was its usefulness in catarrh and for "breaking up a cold." If one of the natives feels that he has "taken cold" and begins to sneeze, with other usual symptoms, he goes to the mine, and stirring up the fine mineral, inhales it, and claims that it will disperse the symptoms in a short time. I had also several similar reports regarding bronchitis and asthma. So far I have not used the mineral for these purposes. I find from repeated experiments that sterilization does not in any way interfere with its therapeutic action.

With such experience and knowledge of the product, covering so many lines of action, proving it without question to be a great disinfectant and deodorizer and almost infallible in eczema and other skin diseases, I feel that I can hardly be blamed for wishing to know more of its value as a strictly internal therapeutic agent. I would be glad to have some prover's club take up the investigation. Especially would it please me if the Prover's Society of the American Institute would take hold of it. The Rainier Mine Co., 56-58 Pearl St., Buffalo, N. Y., have kindly consented to furnish the profession with any quantity of the crude mineral or the soap for experimental purposes. The latter is known as Rainier Natural Soap. It contains no drugs or chemicals in addition to the mineral, and is not copyrighted. If any are desirous or are willing to make provings of the mineral in an attenuated form I will furnish them free with a trituration up to the sixth decimal for that purpose.

If I am so fortunate as to attend the meeting of the Institute in Jamestown I will try and have plenty of samples of the mineral on hand for those who take any interest in the proposed investigation.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

BELLADONNA—A SKETCH.

Just a few thoughts to help us to a comprehensive clinical understanding of Belladonna.

The Patient.

Generally fat, always full blooded. An anæmic patient could not scare up a genuine case of Belladonna fever, and even if it was "scared" up it would ætiologically be an Aconite fever.

The Child.

Fat, big-headed, active brained children, who, when they have fever, have high fever with active congestion.

Delirium

Is generally present in the Belladonna child even though the fever is not very high.

Sleep Symptoms

More than anything else help indicate Belladonna. Child sleeps in cat-naps, sleeps restlessly with eyes half open; twitches in sleep; awakes with a start; awakes frightened as after a bad dream.

As will appear later on, these sleep symptoms are only approached closely by Hyoscyamus, Stramonium and Chamomilla.

The Adult.

Full blooded people who are subject to sudden congestions and fevers.

Tendency to skin inflammations, suited to the plethora that often comes with pregnancy, and the climacteric.

Women who have prolapsus with every menstrual flow. The menses are profuse.

Physiological Action.

As Aconite, pathologically, produces the first stage of inflammation or congestion, so Belladonna gives us the picture of the second stage, the mature stage. The stage of full bloom with the heat, pain, redness and swelling in full effervescence. So, sequentially, in a study of the remedies for acute fevers Belladonna naturally assumes second place in the order.

Its selective action upon the brain and its membranes, its tendency to produce cerebral congestion and inflammation at the very start, of the most acute and violent type, makes it generally the initial remedy in such conditions (the Aconite condition never having a chance to precede it).

This is equally true of acute skin troubles (not traumatic), of boils and erysipelas.

The Belladonna quick congestion (while you wait) involves preferably the structures above the neck, the meninges (meningitis), the throat (tonsillitis and diphtheria), the eyes (ophthalmia), the scalp and face (erysipelas). The Belladonna congestion is quick, sudden, violent (a "brain storm") associated with hot temperatures and violent symptoms.

With these thoughts well in hand the symptoms of the Belladonna fever are but reiteration.

Full, bounding pulse, flushed face, suffused eyes, dilated pupils, throbbing carotids (and temporals), cat-naps, frightful dreams, crying out in sleep, twitching, tenderness, awaking with a start, frightened.

Thus with one or two additional thoughts the picture is complete and unmistakable.

1st. The skin is moist, a sort of steam seems to issue from the surface of the body (opp. Aconite).

2d. The mucous membranes are dry, especially those of the throat, as dry as a board.

3d. The inflammations are probably right sided, bright red, smooth and sensitive to pressure (light pressure intolerant, Arnica; touch intolerant, Lachesis).

So Belladonna's field in the treatment of fevers is the exanthems, especially scarlet fever with the sydenham rash and brain and thirst complications.

Any brain fever whether idiopathic or symptomatic.

Comparisons, Fever and Sleep.

Stramonium and Hyoscyamus.

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Two other solanaceæ give us delirium very much

like Belladonna, with dilated pupils, restless sleep, awakening with a start, awakening frightened, hallucinations, attending coma and excitement, but the differences are easily understood. These two solanaceæ being more like each other than either is like Belladonna.

The main difference is that the Belladonna delirium has an inflammatory or violently congestive basis. The delirium of the other two being associated with some severe derangements of the nerve centers in brain, generally a reflex irritation. It may be from sexual irritation or from digestive irritation, abdominal irritation, drink, narcotics, over-excitement, suppressed eruptions, generally associated with paleness of the face.

Hyoscyamus

Gives us the sexual erethism, nymphomania with exposure of the person, or the delirium tremens, when the patient sees snakes or other terrible objects.

Stramonium

Gives us a picture of hysteria of the social sort with the desire for lights, noise and company, with constant movements of the body, executed with the grace and method of a disciple of Delsarte.

Clinically, I have found Hyoscyamus most valuable in the night horrors of children following imprudent eating, and Stramonium most valuable for the nervous symptoms (sleeplessness and restlessness) of highly wrought, excitable females. Ladies who can't sleep after a ball or an exciting play. Here it should be compared with Coffea, Ignatia (unsociable hysteria), Nux moschata.

Ferrum phosphoricum

Has fevers similar to that of Belladonna, but the Ferrum phosphoricum patient is pale, mostly anæmic (even when flabby), and flushes only at the height of the fever. With Ferrum phosphoricum there is the erethism associated which makes the patient flush under motion or emotion.

Chamomilla and Cina.

Two members of the compositæ have the sleep symptoms very much like those of Belladonna, with the crying out in sleep, gnashing of the teeth, twitching of the muscles, etc., but in these drugs as in the delirium of Stramonium and Hyoscyamus the symptoms are of reflex nervous origin, and not congestive in their basis. The sleep symptoms of both generally being due to abdominal irritation, perhaps associated with the highly wrought hyperæsthetic state that comes with dentition.

The differences existing between the fevers of Belladonna and the other fever remedies treated further along will appear fully as these remedies are studied more closely. If this sketch enables the student or anxious doctor to properly select Belladonna in the acute conditions in which it is helpful its mission will have been completed.

BRYONIA ALBA.

The White Bryony.

The only members of the order Cucurbitaceæ that are of any great clinical importance are the Bryonia alba and Colocynthis. Strange to say, the pathological and clinical relationship existing between these two drugs is almost nil. Bryonia being a star amongst our cerebro-spinal centrics, and Colocynthis a ganglionic. Bryonia being indicated in acute inflammatory conditions, while Colocynth in its use is confined almost entirely to the nervous sphere, being indicated in the neuralgias and the acute pains involving the spasmodic action of involuntary muscular fibers, especially those of the intestines and uterus. Bryonia is one of the polychrests of polychrests, and is indicated frequently in the inflammatory diseases of warm climates, and in the diseases of the negro more than any drug in the materia medica. Its action is most prominent upon the serous and synovial membranes, the liver, the body of the muscles and the mucous membranes. Its inflammations are almost invariably characterized by stitching and tearing pains, by a splitting, bursting headache, by cerebral torpor, by dryness of the alimentary tract, beginning at the lips and ending at the anus; there is associated with this dryness, very naturally, an intense thirst, which is for quantities, but occurs at long intervals. The grand central modality running through the drug's whole pathogenesis is the "aggravation of all symptoms by motion." Thus after motion the stitch pains, pathognomonic of the diseases of serous and synovial membranes, become more intense, the tearing pains of its muscular rheumatism become unbearable, the splitting headache gets worse unto bursting, and distressing nausea and vertigo harass the patient upon the slightest effort at rising or stooping. The drug naturally comes third in the list of cerebro-spinal polychrests, as it oftener than any other takes up the unfinished work of Aconite or Belladonna and carries on either to a successful issue or gives way in time to some other drug which is more suited to establish effusions, as Apis, Helleborus or Sulphur, or which is more suited to subacute or chronic rheumatic inflammations. So, if in spite of the exhibition of Aconite or Veratrum viride in the first stage of pneumonia, pleurisy, pericarditis and peritonitis the inflammation continues until effusion seems imminent in the one case, or muscular rheumatism in the other, Bryonia is generally the remedy. And so when, after the exhibition of Belladonna in meningeal inflammations, there is some subsidence of its intensity, but the supervening stupor or dullness and slightly diminished temperature denote that the dreaded disease is marching on to effusion there again Bryonia is the remedy. It is suited just as clearly and surely to the end of the second stage of serous, synovial, muscular or pneumonic inflammations, as Aconite, Veratrum viride or Belladonna are to the first stage or beginnings of the second. One characteristic of the Bryonia inflammations is the mixture of real congestive and nervous irritation that is constant; the inflammations not being so intense as under the drugs which generally prepare the way for it, but at the same time there is a real inflammatory condition present, and not the nervous irritation of Hyoscyamus, Stramonium, Chamomilla or Cina

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which, while presenting all the symptoms of intense inflammations, show by their normal temperature and in other ways that no real inflammation exists, and that all of the symptoms proceed purely from the effects of sudden and severe nervous irritation without marked distributive blood changes.

Bryonia is oftener the remedy for the effects of suppressed eruptions than any other drug we have. The symptoms appear very shortly after the eruption begins to fade, and are traceable to its super vention upon the serous, synovial or mucous membranes. So during scarlet fever we may have quickly appearing all the symptoms of meningeal inflammation with threatened effusion or during measles the suppression may be followed by meningitis, pneumonia, bronchitis or a persistent diarrhœa. The drugs to be compared to Bryonia in this complication are: Hyoscyamus and Stramonium, when the suppression is followed by symptoms of acute mania.

Cuprum and Zincum, when the suppression is followed by spasmodic symptoms, and under the former the symptoms are violent, under Zincum the child is weak and pale, there is squinting and grinding of the teeth and fidgety feet.

Sulphur, when suppression is followed by mental and sensorial dulness or after Bryonia. Hyoscyamus, Stramonium, Cuprum or Zincum fail to restore the eruption.

Tartar emetic is generally the remedy for suppressed variola, but Bryonia is oftener the remedy for the immediate symptoms following suppression or fading of an eruption than all of the others together.

In diseases of the liver and alimentary tract Bryonia is invaluable, and its symptoms are generally nearly all present, making its selection easy, and its marked action upon the alimentary tract and its tributary glands so enlarges its clinical field as to give it a much more extended use than could be possible to either Aconite or Belladonna. In few words, its effects upon the mucous membranes suggest its use in the acute catarrhs of these organs associated with hepatic congestion appearing idiopathically or as a symptom of malarial or typhoid fevers.

The tongue of such patients is characteristically yellow and dry, so dry in the typhoid condition that it rattles in the mouth. This dryness not only includes the whole alimentary tract but its secretions.

So the stools are very dry, large and hard and passed with great difficulty, often only after artificial aid. This dryness, which constantly suggests the use of water to the patient, gives rise to a very characteristic symptom in nursing babies; the child at first refuses the breast, crying and fussing at every attempt that is made to force it to nurse, but after the mouth becomes thoroughly moistened it nurses along very contentedly, thus presenting one symptom of Bryonia at least that is better from motion. Generally associated with the Bryonia catarrhs is the characteristic hepatic congestion, which may go on to a real hepatitis; there is the yellow tongue, constipation, thirst, aggravation from motion, etc., besides local tenderness to pressure, perhaps tumefaction, stitch pains making motion unbearable and showing an involvement of the serous covering of the gland; there is also generally a dragging pain in the right shoulder, but this is only a generic symptom, and found under all drugs that produce hepatic congestion. The principal analogues of Bryonia in this condition are Mercurius, which is much like Bryonia in its hepatic symptoms, presenting a yellow tongue, local tenderness and jaundice, even more marked than under Bryonia; but under Mercurius the tongue is flabby and takes the imprint of the teeth, the stools are clay colored, the pains are dragging, aching.

Natrum sulphuricum, a flabby tongue with a dirty, yellowish white coating; there is intense sensitiveness to touch, watery, morning diarrhœa.

Chelidonium in acute hepatic congestions with nausea, bitter taste in the mouth, yellow tongue, and very characteristically a pain shooting from liver to inner angle of right scapula. One characteristic modality of Chelidonium liver troubles is that milk can be taken with impunity, while under liver remedies generally milk produces an aggravation.

Phosphorus is more suited to the chronic degenerative changes of the liver which occur especially in drunkards as fatty degeneration or increase of connective tissue sufficient to destroy the liver cells. This local condition is associated with emaciation, heart, weakness and colorless stools, giving us the picture of cirrhosis or gin liver.

China and Chamomilla have enough symptoms of liver congestion to make them worthy of mention and study in this connection.

Pneumonia.—Many cases of pneumonia could be treated throughout and successfully by the use of three drugs, Aconite, Bryonia and Phosphorus in the order named. Aconite in the stage of congestion, which is generally characterized by its acuteness, violence and circulatory excitement, Bryonia in the stage of inflammation with the characteristic brick dust expectoration and crepitant rale, the tense, full pulse, and Phosphorus in the stage of hepatization with dulness on percussion and dry, tickling cough. If the pleura is involved and there are stitching, tearing pains when maving or coughing, Bryonia is all the better indicated. Thus we have the three stages of this disease, when typical, well covered by three drugs, and they are generally sufficient. Veratrum viride may supercede Aconite in the beginning, when pulse is slow, the brain dull, or where there is cerebral vomiting; or Ipecac, Antimonium tartaricum or Carbo vegetabilis may be necessary to reinforce the Phosphorus in the stage of expectoration, especially with children or old people. Lycopodium must not be forgotten in these cases, when they take an asthenic turn, when there is great prostration with flapping of alæ nasi and abdominal tympanites.

Bronchitis.—In the treatment of this disease no remedy is more useful than Bryonia, and its complements are again Aconite and Phosphorus in the order named. Aconite in the stage of congestion, Bryonia in the stage of inflammation, and Phos-

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phorus in the stage of expectoration. Phosphorus being supplemented in this stage by Ipecac, Antimonium tartaricum, Hepar sulphuricum and Kali bichromicum, all of which promote expectoration. The Antimonium tartaricum is especially useful in children when the disease threatens to or has become capillary, and there are symptoms pointing to deficient aeration. The cough becomes feeble or disappears altogether, or with each cough the child turns purple, there is stupor, cold sweat and prostration.

Ipecac has the same symptoms though less in degree. In the bronchitis of old people Bryonia is generally followed by Carbo vegetabilis, Antimonium tartaricum, Lycopodium, Stannum or Ipecac, which I have named in the order of their importance. The cough of Bryonia, which may be the means of suggesting its use, either in pneumonia, bronchitis or acute catarrhs, is dry and hacking in character and accompanied by pain, which is so great that the patient will often hold the chest to lighten the jar, and children frequently cry in anticipation when they feel the cough attacks approaching. The cough often bringing on the characteristic headache, all of which is in line with the drug's well known aggravation from motion.

The rheumatisms of Bryonia either involve the joint surfaces or body of the muscles; if the former are involved, there are stitch pains on motion, if the latter, the pains are tearing or aching, and are also intensely aggravated by motion. These attacks are generally traceable to suppression of secretions from exposure to cold or digestive disorders associated with an action of the kidneys. There are constipation, scanty urination and dry surfaces, and while the affected parts do not present the appearance of intense inflammation, being pink in color and not especially œdematous, they are still intensely sensitive to motion or touch, exhibiting the nervous erethism which accompanies the Bryonia inflammation throughout the body.

Analogues.—Rhus toxicodendron, which stands in both an analogous and antidotal relation to Bryonia, is its nearest analogue in rheumatic conditions, it being understood that Aconite would often precede both drugs in the congestive stage of this disease. The Rhus rheumatisms differ from those of Bryonia in being less acute and involving the fibrous tissues, hence are better from motion, especially from continued motion, and the patient is the victim of continuous physical unrest, though there may be mental torpor. The Rhus rheumatisms are generally traceable to exposure to cold and damp combined occurring characteristically when over-heated.

Arnica.—Rheumatisms involving all of the joint surfaces. There is intense sensitiveness to motion or touch, even to the weight of the part on the bed, which seems too hard, and the patient shrinks from the approach of anyone for fear the bed may be jarred or the parts touched. There is also a tendency to extravasation and discoloration of the affected area.

Causticum.—Chronic rheumatisms with organic changes, which may deform or destroy the joint surfaces, perhaps associated with paralytic symptoms and incontinence of urine.

In intercostal rheumatism or neuralgia the drug should be compared with Cimicifuga and Ranunculus bulbosa.

The Bryonia pleurodynia is characterized by stitch pains, worse from motion, and worse on the left side, while those of Cimicifuga are worse on the right side, are sharp and shooting in character (like Spigelia pains, which is a less prominent drug in this trouble), and is often indicated in the treatment of nervous women.

The Ranunculus is the most prominent drug in this form of rheumatism or neuralgia. The pains are sharp, stitching or sticking in character, involving a small area, which is intensely sensitive to motion or pressure, making breathing so painful and difficult that the patient suffers intensely from dyspnœa.

Before leaving this subject it is well to call your attention to the fact that Mercurius is often indicated in the treatment of rheumatic affections, with symptoms sufficiently similar to Bryonia to make comparison necessary, but the subject of mercurial rheumatism frequently presents a specific history, and will be more extensively described under the head of the Mercury salts.

Malarial and Typhoid Fever.—Bryonia is one of our sheet anchors in the treatment of malarial and typhoid fever. In this respect it occupies no common ground with Aconite and Veratrum viride and rarely with Belladonna, which latter is only indicated in the circulatory anomalies with flushed face, congestive headaches and cerebral excitement that sometimes marks the invasion of these diseases.

And this is the proper place to mention Ferrum, as it, too, is only indicated, as a rule, in the congestive headaches that often annoy the patient suffering with typhoid fever, sometimes the malarial patient. At the beginning of the attack under Ferrum there is alternate flushing and paling of the face, an anæsthetic condition engrafted upon an anæmic state, the face flushing under any motion or emotion, but continuing pale and earthy between times. During the flushing stages there is throbbing, bursting headache. But Bryonia is indicated further along as has been seen in studying its relation with Aconite and Belladonna in meningitis, pneumonia and other inflammatory diseases. The symptoms that indicate it in either of this class of diseases are the well marked Bryonia symptoms. The dry mucous membranes, intense thirst, yellow tongue, constipation, hard, full pulse, bursting, splitting headache, aggravation from motion and mental torpor. We have in these cases besides the usual symptoms a muttering delirium in which the patient constantly talks about his business or other affairs bearing upon his daily life.

Its real analogues here are: Gelsemium, Baptisia, Arnica, Rhus toxicodendron, Arsenicum and the acids.

Gelsemium.—This drug is homœopathic to the beginning stage of typical typhoids, with the purplish red, besotted looking face, passive congestion,

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slothful heart beat with compressible pulse, a condition of mental and physical torpor with great muscular weakness.

Baptisia gives us an intensified Gelsemium state, as in other conditions Psorinum gives us an intensified Sulphur state. There is the great mental and physical torpor, muscular weakness, besotted look, but in addition the tendency to diarrhœa, which, like the other secretions, begin to be extremely offensive, almost carrion like in odor, and besides a symptom more characteristic of Baptisia than all of the others, the illusions of sense, the patient imagining that he is double or has two sets of bowels or two heads, and tosses about in a vain effort to unite the distant parts.

His body is so sore that the muscles ache, and he thinks the bed too hard; this muscular soreness is such as would be felt after severe exertion, and in his dreams the patient is running races and undergoing other violent exertions.

Arnica.—This drug gives us an exact counterpart of the Baptisia muscular soreness, but under its pathogenesis the condition is even more advanced and there are ecchymosed spots, especially where pressure has existed, and an intolerance of touch and pressure. There is also a tendency to the formation of bed sores and the same mental torpor.

Rhus Toxicodendron.—This drug as in many other conditions is a close analogue of Bryonia in typhoid states. It is differentiated largely by the modality of motion, the patient finding some temporary relief from change of position; as a result of this he is in constant motion, tossing from side to side of the bed, and lying first in one position then in another, and so on. Associated with this physical unrest is a mental torpor, the patient hardly seeming conscious of his constant unrest. The tongue like the tongue of Bryonia is very dry, but it is also cracked and has a triangular red tip, the remainder of the tongue being white. The patient also suffers from aching, tearing pains in the back and limbs, also watery diarrhœa.

Arsenicum.—Is the nearest analogue of Bryonia in the remittent and typhoid fevers of warm climates, and of the typhoid fever, which, for the want of a mere descriptive name, is called typhoid malaria fever. It is also known as bilious, gastric or relapsing fever; it is hardly as severe in its manifestations as typhoid, but runs a course of from thirteen days to seven or more weeks, and shows an ever recurring tendency to relapse after seeming convalescence, relapses occurring from any imprudence in the way of overexertion, diet or exposure. It is rarely fatal, but tenacious and persistent. The Arsenicum fever is easily detected, and is the asthenic Aconite fever, with the mental and physical unrest, anxiety and fear of death, but these symptoms under Arsenicum are those of irritable weakness and not of vascular excitement and tension. The patient emaciates and loses strength rapidly, there is thirst for small quantities at frequent intervals and an irritable, restless stomach, water and other ingesta being quickly rejected. There may be also a watery diarrhœa, which rapidly exhausts the patient, the tongue is white, and the whole alimentary tract is in a state of acute catarrh. As to the modality of motion, the Arsenicum patient is just as restless as the Rhus toxicodendron patient, but finds no relief from motion, while the Rhus patient is temporarily relieved by turning over, but soon his discomfort compels him to move again.

The acids, especially Phosphoric and Muriatic acid, are, with their great prostration and irregular, weak pulse, often indicated in typhoid fever.

The Phosphoric acid by a peculiar characteristic mental state; the patient lies in a stupor, but can be aroused and answers questions rationally, only to relapse immediately into unconsciousness.

Muriatic acid is only indicated by an extreme state of prostration, when the patient slides down the bed; there are besides enlarged and indurated glands.

Nitric acid may be indicated by arterial hæmorrhages, indicating the presence of deep destructive ulcers in Peyer's patches, as Bryonia may be indicated in malarial fevers. It might seem necessary to differentiate it from such drugs as Natrum muriaticum, Eupatorium, China and Ipecac, but remember that these drugs are suited to a distinctively intermittent type of fever, while the malarial fever of Bryonia is generally remittent and of an asthenic type.

If intermittent it presents the several well defined Bryonia characteristics, showing the genius of the drug running through the symptoms. The points differentiative in such cases from Gelsemium, Rhus toxicodendron and Arsenicum would appear from what has been cited above.

The picture I have drawn is quite complete enough to suggest it to your mind when it is indicated in any disease, but has been and will be still further filled out in many ways by comparative study with other drugs. Before giving a resumé, and passing in the study of Gelsemium, which clinically comes next in the cerebro-spinal group, a tabulated study of pain from a comparative standpoint might help the student in his differentiations, and again recall to his mind that tissues each cry out in their own language.

Pain Differentiations.

Bryonia.—Pain, stiching, tearing; tissues, serous and muscular.

Rhus toxicodendron.—Pain, aching, tearing; tissues, fibrous.

Apis.—Pain, burning, stinging; tissues, connective.

Arsenicum.—Pain, burning; tissues, mucus.

Aconite.—Pain, laming, numbing, formicating; tissues, capillaries.

Belladonna.—Pain, quick, sharp, come and go quickly; tissues, nervous.

Spigelia.—Pain, sharp, shooting; tissues, nervous.

Acrostic Results.

B—Bilious conditions with bursting headaches.

R—Rheumatism, compare Rhus.

Repercussed eruptions (Hyoscyamus, Stramonium, Sulphur, Cuprum, Zincum).

Remittent fevers (Arsenicum), children (Gelsemium).

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Y—Yellow, dry tongue.
Yellow, dry mouth.
Yellow, dry stool.
O—Occipital headache (Nux, Petroleum, Carbo vegetabilis, Natrum muriaticum, and Juglans cathartica).
N—Neuralgia.
I—Intercostalis (Cimicifuga, Ranunculus and Spigelia).
Inflammation (serous or synovial), compare.
A—Apis.
Aconite like pulse.
Asthenic fevers.
L—Large draughts at long intervals relieves (compare in thirst). China, Arsenicum, Natrum muriaticum.
B—Bursting headache.
A—After effusions.
After suppressed secretions.
After suppressed eruptions.
After motion worse (Nux, Veratrum).
Angry from slight cause (Chamomilla).

Remember that Bryonia's clinical use in fevers is unlimited, being suited as it is to all characters and classes of fevers from the simplest and mildest to the most grave.

Do not forget it in septic fevers of surgical origin or associated with the lying-in state. It is probably prescribed by the Homœopath oftener than any other drug, and is constantly being used more and more by the old school doctor.

Surgery.

SURGICAL AFFECTIONS OF THE BILE PASSAGES.

BY M. P. HUNT, M. D., COLUMBUS, O.

The hepatic ducts, cystic duct, gall bladder and common duct—"bile passages"—form a system to drain bile from the liver and pancreatic juice from the pancreas. The underlying cause of diseases of the bile passages is infection. The source of infection is commonly the colon bacillus, and its most frequent mode of entrance is through the common duct from the intestine. Bacterial invasion causes swelling of the mucous lining in the ducts, this results in stagnation of bile, and a precipitation of cholesterin from which stones are formed. So that, in fact, it is to a catarrhal affection of the bile passages that we must look for a cause of stone formation and most of the diseases under discussion. The catarrh in itself is not a trifling condition, and severe symptoms may arise from it, without the formation of stone. The hepatic and common ducts are main channels through which there is constant natural drainage of fresh bile, so that these canals are reasonably free from inflammation, but the cystic duct and gall bladder are anatomically different; there are conditions here which seem to favor chronic inflammation and stasis and formation of stones.

As in the majority of cases the common duct passes through the substance of the pancreas, and is firmly imbedded within this gland's tissue, you can readily see that stones will pass with difficulty through this constricted portion, and that the collections of mucus and bile will move slowly, and often with pain to the patient.

Symptoms.

A patient complaining over a considerable period of time of discomfort, all goneness, distress, anorexia, nausea, flatulence, constipation, malaise and malnutrition, is very likely to be passing through the stage of infection and inflammation of the bile passages. The symptoms we are most interested in are pain and colic, nausea and vomiting, jaundice, fever and tumor.

Pain is either local or referred. Localized pain is of two types, a dull, diffuse aching, worse after food, nearly always relieved by vomiting and by steady even pressure. The referred pain is to the right subscapular region, to the neck or down the arm and to the epigastric region.

Colic.

Hepatic colic when severe is probably the most terrible suffering a patient is ever called upon to endure. It comes on with absolute suddenness; there is profound collapse with faintness, sickness and vomiting. The patient is cold and sweats profusely. His face expresses terror and anxiety. This pain is present in those cases in which a stone is recntly impacted or in transit through the duct.

Nausea and Vomiting.

These are among the commonest of symptoms. They are partly reflex in origin and partly due to direct irritation in the stomach. Vomiting relieves the pain.

Jaundice.

Jaundice is a rare and inconsistent symptom of gall stone disease. When it is present it is from one of two causes, either an impacted stone in the hepatic or common duct, or pressure of a large stone in the cystic duct, obstructing the common duct. Impaction of the stone in the cystic duct does not cause jaundice unless the hepatic or common ducts are also involved.

Fever.

The rise of temperature caused by infection from gall stones is characterized by its abruptness. It rises rapidly and returns to the normal almost as speedily. In the severer cases a rigor occurs, and this usually precedes the onset of pain. Murphy says: "The temperature in an hour will rise to 104° or 105°, remain stationary for a few hours, and then drop as suddenly to normal, and remain normal for hours, days, or even weeks, when it will go through the same rapid variation and continue to repeat itself at irregular intervals."

Tumor.

When a stone is impacted in the pelvis of the gall bladder or in the cystic duct the gall bladder will

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distend behind the obstruction. The fluid contained within it will soon lose all traces of coloring matter, and a condition of hydrops exists. If infected, this fluid becomes purulent, and a condition of empyema of the gall bladder is present. When the distended gall bladder contains bile it is due to obstruction in the common duct.

Not all cases of gall stone require an operation. If the attacks are mild and infrequent, with complete quiescence between attacks, we may hope to get along without operation. Absolute rest of the stomach and a course of Carlsbad will often allay entirely the symptoms. And these cases represent the majority of the diseases of the bile passages, about two-thirds. It is the small, one-third class that must be operated, that we are interested in at this time. This is the class that tries the resources of physician and surgeon.

An operation is necessary in those cases where there is an obstruction in the cystic duct giving rise to frequent attacks of colic with or without enlargement of the gall bladder. Again, we should operate when the inflammatory symptoms predominate, even if unaccompanied by pain, or when the constitutional symptoms indicate suppuration or empyema of the gall bladder. When the symptoms point to an involvement of other organs or of the tissues outside the bile passages, then we must operate, as in peritonitis in the right hypochondrium, in a localized abscess, and to relieve painful adhesions; these are the leading indications for operation. They nearly always mean disease of long standing.

Surgical Treatment.

When we can once accommodate ourselves to the fact—no longer theory, but fact—that all these troubles of the bile passages are infectious, and then apply the well worn surgical axiom of drainage, the treatment, whether medical or surgical, will be based upon a scientific and rational principle. Some of these cases, two-thirds, can be drained through the natural channels by medical and hygienic treatment. The remaining one-third (?) must either suffer and die with the trouble or be operated upon, either by a surgeon or by nature. I have seen two cases operated upon by nature, both recovering after a long time.

There are three cardinal rules to be observed in operations upon the bile passages:

(1) Remove stones.

(2) Remove, so far as possible, all disorganized, degenerated and permanently crippled tissue.

(3) Drain.

Rules one and three can be intelligently and satisfactorily carried out by doing a cholecystotomy. According to Mumford there are three classes of cases in which this operation is indicated:

(1) When the gall bladder and ducts, though containing stones, are not crippled by the inflammatory process.

(2) When acute inflammatory processes exist, with or without the presence of stones.

(3) When the common duct is obstructed by unremovable malignant diseases. Except for cancer, this operation gives a low mortality and good results. The stones are removed if present. Degenerated and disorganized material which does not include the gall bladder itself, are removed, and by proper drainage, the parts are restored to their normal condition and function.

Cholecystectomy.

This operation for the complete removal of the gall bladder presents an altogether different group of indications.

According to the same authority they are: (1) Diseases crippling the cystic duct. (2) Diseases crippling the gall bladder.

These conditions may both be present, or they may be interdependent.

When the surgeon opens into the belly in this region and finds staring him in the face a gall bladder that is inflamed, thickened, ulcerated, necrotic and generally disorganized, he must expect further trouble ahead of him—such as erosions and strictures of the cystic duct, inflammations and dilatation of the hepatic and common ducts, sometimes adhesions and ulcerations, with fistulæ into other organs, obstructions in the ampula of the common duct, with involvement of the pancreas in the general inflammatory process. There may be diseases of the liver, duodenal ulcer, gastric ulcer, pyloric obstruction, all in the same individual, and as the result of long-continued disease.

These are the conditions calling for quick thought but deliberate action. They call for all three of the cardinal rules, with particular attention paid to rule two, viz.: "Remove, so far as possible, all disorganized, degenerated and permanently crippled tissue." This means cholecystectomy, for a gall bladder in this condition is not only functionally useless, but it is a menace to life, and should be removed.

If, on opening the abdomen, the cystic duct is found obstructed by ulceration, scars, kinks, twists, etc., with hydrops of the gall bladder, the same rule holds good, for, while the gall bladder may be intact, the occluded cystic duct renders it useless. Cholecystectomy is indicated, removing with it the cystic duct.

In these two operations—cholecystostomy and cholecystectomy—drainage is probably the most essential part to carry out. An operation well done and poorly drained is worse than when poorly done and well drained.

Cholecystenterostomy.

An astomosis between the gall bladder and the bowel duodenum, jejunum or colon. It is done in complete and hopeless obstruction of the common duct so that no bile reaches the intestines. A sound gall bladder is necessary to make the operation successful.

Conclusion.

In conclusion, I wish to emphasize two points. First, that disease of the bile passages are the result of bacterial infection; and second, that drainage is the proper method of treatment.

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Gynaecology.

THE BACKACHE OF ENDOCERVICITIS AND ITS SURGICAL TREATMENT.

BY HOMER I. OSTROM, M. D., NEW YORK.

[Presented to the Homœopathic Medical Society of the State of New York, February 12, 1907.]

The close clinical relation between certain forms of backache and certain diseased states of the cervical endometrium is a matter of daily observation, and this connection between a symptom for backache is nothing more, and a well defined local condition is seen to be one of effect and cause as we study the pathology of the lower segment of the uterus, and regard the anatomical structures with which it lies in contact.

The backache that I have learned to associate with cervical endometritis is a dull, persistent aching in the region of the sacrum. The "pain spot" may be covered with the palm of the hand; it does not change its location, is greatly aggravated by standing, walking sometimes affords relief, and by any circumstances that induce pelvic congestion or engorgement of the uterus, as menstruation, excessive coitus, the latter concerns especially the lower segment, which because of the erectile tissue it contains is contributory to the erethism of the sexual act. With this backache there is almost always constipation, which, in many instances, has been brought about by the patient's dread of the pain that attends defecation. Emptying the rectum, for there the suffering is located, is delayed, or performed at irregular intervals until the whole intestinal canal becomes torpid, and the bowels act only when mechanically stimulated.

Such a clinical picture suggests to me the lower segment of the uterus as the cause of the backache, and when presented, I have no hesitation in referring the seat of the disease to that part of the womb, and upon an examination I am not disappointed in finding the following conditions:

There is always a cervical catarrh; sometimes this is mixed with the vaginal hypersecretion, but generally the leucorrhœa is of that glairy, transparent character—non-sanguinous unless there is glandular hyperplasia, and an erosion of the cervix—that indicates undue secretion of the cervical glands.

Digital examination shows the cervix large and soft, its contour depending upon the pariaty of the patient, for this cervical disease is not confined to women who have given birth to children. In addition the uterus is frequently acutely retro-flexed.

More important than the feeling of the os, is the condition of the utero-sacral ligaments. In a healthy pelvis these structures are not readily felt unless the uterus is raised or the cervix forced forwards. But with the endocervicitis that induces the backache under discussion, the utero-sacral ligaments appear as two tense cords extending from the sides of the lower segment of the uterus to the sacrum. The ligaments are very sensitive, pressure upon them increasing the pain in the back.

Let us pause a moment to consider the physiology of these ligaments, for, as on a previous occasion ("The Utero-sacral Ligaments and Their Place in Pelvic Pathology," North American Journal of Homœopathy, March, 1906), I have said that I look upon them as most important factors in many gynecic diseases. In the present instance they are inseparably associated with the causative relation between diseases of the endometrium and certain forms of backache.

We will note that the lower segment of the uterus, compared with the fundus, is immovable, and this fixed position is in great measure due to utero-sacral ligaments. They not only hold the uterus up, but are instrumental in maintaining the relation of the portia to the upper part of the vaginal tube, a position that I believe has to do with the ability of the sperm cells to enter the cervical canal.

The ligament contains some non-striped muscular fibers, muscularis retractor uteri (Luschka), which are continuous with the musculature of the uterus. These muscles functionate in slightly contracting and relaxing to accommodate the cervix to the changing relations of the uterus to the vagina, urinary bladder and pelvic vessels.

Still another point for attention is the innervation of the utero-sacral ligaments. This is accomplished through the inferior hypogastric nerve plexuses, the essential gynæcological nerve centers. They are receiving and distributing exchanges for impulses from the spinal nerves, second and third sacral, and sympathetic system, and through filaments, communicate with all the internal and external genital organs. The nerve supply of the utero-sacral ligaments is not merely a distribution of branches, but the plexuses are situated close to where the ligaments leave the spine, and are the chief structures through which the trunks gain access to other organs, and are distributed to the pelvis. The same liberality of nerve supply is not found in any other of the uterine ligaments, neither the broad ligaments nor the round ligaments containing more than a few filaments from these plexuses.

The practical application of these anatomical and physiological data will enable us to understand the relation between diseases of the cervix and certain forms of backache, for it is very evident that any condition of the lower segment of the uterus—with which the utero-sacral ligaments are in close contact—that interferes with their action, or that induces pressure upon their nerve filaments, as infiltration or cellulitis, must make itself known by pain, not only in the ligaments themselves, and the sacral nerves, but also in remote parts with which the inferior hypogastric plexuses are connected.

Chronic inflammation of the cervical endometrium—chronic endocervicitis—furnishes the local structural changes that, involving the utero-sacral ligaments by continuity, so interfere with their function, and impinge upon their nerve fila-

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ments as to cause the backache that I have referred to as pathognomic of this disease of the lower uterine segment.

I have not found that acute endocervicitis, unless associated with some other disease of the pelvis that centers in Douglass' pouch, is associated with this persistent backache, but chronic inflammation, which is never superficial, the disease affecting to a greater or lesser degree all the elements of the mucous membrane, is one with infiltration of the utero-sacral ligaments, and their consequent arrest of function, and impingement upon nerve filaments.

Our concern is here strictly confined to the direct effect of endometritis upon the utero-sacral ligaments, but it may not be amiss to call attention to the results of inflammation of the cervical endometrium upon the body of the uterus. The internal os, which is capable of undergoing considerable variation of calibre, is mechanically closed when the cervical endometrium is swollen. Drainage, therefore, a fundamental principle of gynæcology, as it is of general surgery, is interfered with or wholly suspended, and in consequence the uterus is not emptied, and its contents by continued accumulation may be forced back into the Fallopian tubes, and so reach the general peritoneal cavity, inducing conditions with which we are all familiar. This differs from corporeal endometritis, in which nature opens the internal os, thus favoring drainage, and preventing infection by way of the oviducts.

Discussion of the minute pathology, or an exact analysis of the clinical phenomena of chronic endocervicitis, are not essential at this time, only so far as they relate to the cure are they here important.

The points for consideration are essentially that we are dealing with an acute tissue change that involves all the structures of the mucous membrane, the glands and musculature of the lower segment of the uterus, and that these changes spread to the utero-sacral ligaments, causing in them contraction and infiltration. I believe that such conditions in any location are amenable to surgical treatment, and that other methods involve loss of time and introduce a very positive element of uncertainty as to the results. I, therefore, operate upon all such cases, my technique depending on the stage at which the disease comes under my observation, and consequently the extent to which the utero-sacral ligaments are infiltrated.

As I have before said, the condition of the lower segment of the uterus has become chronic before the peri-uterine structures are attacked, but if there is no very marked infiltration or contraction of the utero-sacral ligament, even though the characteristic backache is present—and this is quite possible—I find that by attacking and removing the cause, the diseased cervical structures, and by the subsequent judicious use of tampons, a cure may be effected without what I have elsewhere termed "tenotomy of the utero-sacral ligaments." Curetting the cervical canal alone will frequently cure these cases. But the operation must be thorough, and remove all diseased tissues down to the musculature. Occluded glands will be opened or removed, and drainage favored. Local depletion is also induced by warm Creolin douches, begun within twelve hours after the operation. I do not pack the vagina, but as soon as discharge from the cervix ceases, I replace the uterus and begin treatment with Ichthyol tampons, continuing the Creolin douches when the tampons are not in place. Not only is this antiseptic, but Creolin exerts a curative action upon cellulitis and tissue infiltration. From the beginning I order the bladder kept empty, even though to do this the catheter is necessary, and the rectum freed of fæces. I also encourage the patient to lie prone upon the abdomen.

The remedy that above all others I depend upon to restore the generally enlarged uterus to its normal size is Cinnabaris. I prefer the third trituration, five grains, given three times a day.

In severe cases when the utero-sacral ligaments are contracted—to protect an inflamed cervix—thick and sensitive, feeling like two tense cords on the sides of the cervix, curetting the cervical endometrium will not effect a cure. We must then in addition operate upon the ligaments. The muscular spasm must be relieved by cutting the fibers, and the cellulitis and induration removed by applying the same principles that underlie the treatment of similar conditions in other locations, relief of surgical tension by free drainage.

I have sometimes thought it well to divide the technique into two operations, allowing one or two weeks to intervene between the curetting and the tenotomy, but both operations can be done at a single sitting with good results.

The curettement is the primary operation, and until the conclusion of the entire procedure, it is well to pack the cervix with iodoform gauze to guard against absorption by way of the vaginal wound.

A broad speculum allows dislocation of the uterus, and the utero-sacral ligaments come readily into view. By keeping the curved scissors close to the cervix these structures can be operated without entering the peritoneal cavity, and the entire procedure conducted outside of the peritoneum. During this step the left fore-finger pressed into Douglass' cul-de-sac will serve as a director upon which to cut. It is not necessary to carry the incision across the posterior vaginal fornix, each ligament may be divided separately, thus minimizing the danger of entering the peritoneal sac. The extent of the incision will be determined as we procede, by testing the ease with which the uterus is lifted and placed in normal antiflexion.

The next step is designed to prevent post-operative contraction of the ligaments, and consequent defeat of the operation. Packing will not do this, and I, therefore, interpose a layer of subperitoneal tissue, with its peritoneum, between the cut surfaces of the ligaments, and fasten it with catgut sutures to the vaginal fornix. The utero-sacral ligaments are thus completely obliterated, and all possibility of reflex symptoms from their subsequent contraction, prevented. The after-treatment consists in douches of Creolin for the first few days,

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when Ichthyol tampons are used every fourth day, the douching being kept up meanwhile.

In some instances when opening the abdomen for other conditions I have cut the utero sacral ligaments from above, but I do not think the curative results are as good or as permanent as when the operation is vaginal. The chances of contraction are greater, for there is no way of keeping the raw surfaces apart—Cargill membrane and Aristol do not serve the purpose—and, therefore, the condition is liable to recur and the backache become as severe as before, without necessarily the cervical lesion being present.

42 West 48th Street.

Practice of Medicine.

DIAGNOSIS—ITS FUTILITIES AND ITS IMPORTANCE.

BY J. B. S. KING, M. D., CHICAGO, ILL.

To speak of the futilities of a science so important as diagnosis, one that has made and is making such rapid advances, may seem peculiar, but the discussion of any important subject, especially of one which has won great approbation and yet about which there may be two opinions, is always useful and is sometimes necessary as a check.

In order to protect myself from opprobrium, let me state plainly that I regard diagnosis as one of the fundamental and indispensable departments of medicine, and I would not like to be understood as decrying it, or as characterizing it other than as an important and necessary science.

But it is possible to overestimate a good thing, and it is certain that diagnosis has many limitations and disabilities which it is well to recognize; it has imperfections which should be borne in mind occasionally, and there is a tendency to force it into fields which do not properly belong to it in a way that operates against accuracy and success.

One does not have to read very deeply in medicine nor long engage in its practice before the imperfections of diagnostic science are forced upon the attention. Its difficulties are numerous, its mistakes are frequent. The family physician unwittingly brings its imperfections to the front, where, as sometimes happens, he takes the same patient successively to several clinical professors, supposedly equal in diagnostic skill and experience. Unless it be a case of some well defined disease, such as pneumonia, he is apt to get various and even conflicting opinions.

The leading professors of Germany and England made an imperial failure in the diagnosis of the late German Emperor, and yet they had the aid of every diagnostic instrument and a visible lesion for a guide.

In the experience of every old practitioner the diagnosis and the prognosis have been proved false by the subsequent history of the patient with mortifying frequency.

The reasons for these imperfections are not difficult to discover; in the first place, disease is not the concrete entity that nosological science with arbitrary names tries to make it. There is a tendency in the human mind, when a thing is named and the name is mastered, to rest content; to be satisfied with the term as though that were the thing itself.

When a case is pronounced to be bronchitis, gastritis, etc., etc., the name is very far from expressing the actual facts. Man is a unit composed of innumerable organs working together in an exquisite order and harmony. A sick man is a disordered man rather than a man with a disordered organ. Disease is disordered life, and not simply a morbid state of one organ, for in the composite human unit disorder can not affect one part to the exclusion of others.

Therefore, the naming of a disordered state as though it were confined to a single organ gives a partial or one-sided view of the case, which is essentially false. This state of affairs is not helped by the unscientific condition of nosology, which has terms from every language under heaven, and still uses many barbarous and illegitimately compounded names from mediæval times.

Another reason for its imperfections is the natural difficulties of the science. By obscure sounds often capable of more than one interpretation, auscultation endeavors to ascertain the state of hidden interiors. Palpitation must depend upon the sense of touch, dulled by the interposition of thick walls of tissue. Bacteriological science added a new factor to the subject, and while opening a novel and interesting field has not increased the accuracy of diagnosis to the extent hoped for. It is a question in the case of diphtheria whether the subject has not been obscured rather than elucidated by microscopic diagnosis. The family physician used to base his diagnosis of diphtheria upon the three factors or symptoms of membrane, fetor and great general prostration. Without these it was not diphtheria. Bacteriological diagnosis extends the name so as to include all of the numerous trivial cases of sore throat, which show the Klebs-Loeffler bacillus. I may mention, in passing, that statistics of success in diphtheria with antitoxin based upon such diagnoses are extremely fallacious and misleading.

But it is when diagnosis is made the basis of the homœopathic prescription that its imperfection and fatality become most apparent.

It is the glory and the strength of Homœopathy that it cognizes only things heard and seen and makes them—these real things—the basis of treatment.

It is the degradation and ruin of all other systems of medicine that their principle is to reason out a hypothetical abnormal state based upon another hypothesis of normal action, and to make this—this unreal suppositious thing—the basis of treatment.

Such is the inveterate tendency of the human mind toward such ratiocinations that homœopathic practitioners evince a tendency toward the same thing—perhaps in a modified form but still essen-

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tially the same method—a method that weakens the power of our art to cure.

It seems to be more agreeable and conscientious to human faculties to predicate a state and then treat that state than, with a mind unbiased by hypothetical ideas to observe existing symptoms and treat them. The inevitable tendency of this is to progressively reduce the number of remedies used, to a routine remedy for each diagnosis. This is shown in Prof. Bakody's book, in which he arrives to the conclusion that Phosphorus is the only homœopathic remedy needed for chronic disease of the lungs.

The tendency of Homœopathy should be away from such generalizing; it adapts remedies, not to diseases, not to hypothetical diagnoses, not to symptoms common to many cases, but to symptoms peculiar to each case or to each epidemic if there be an epidemic.

Let us consider some particular cases: Take sore throat, for instance. Sore throat may be diagnosed as pharyngitis, tonsillitis, tracheitis or laryngitis, but it is actually, as a rule, a mingling of two or more of these. An allopathic mixture of the Tincture chloride iron, Chlorate potash, Syrup and water, frequently prescribed for such conditions, would do for one as well as for another of them. Pathology can elaborate very extensively the state of the tissues involved, its bacteria, its exudate, etc., but would render no change in the prescription necessary.

This knowledge is excellent; diagnosis is founded upon it, prognosis is helped by it, but it offers no sound reason for a remedy that will cure quick, quicker than any other remedy or treatment in the world, the homœopathic remedy.

When is this patient worse? Are hot or cold drinks more agreeable? What is the character of the pain? Is solid or liquid food more painful? Such are the questions, non-essential to diagnosis, but peculiar to the case in question, that enable one to find the quickest cure under the heavens—the homœopathic remedy.

But the majority of cases of ill health that come to the attention of the physician do not lend themselves so readily to diagnosis as sore throat or pneumonia. More often than not diagnosis is little better than guess work so far as the particular case goes.

Note the following symptoms: After severe study a sensation as of a foreign body under the vertex, better during reading, worse after reading, worse on composing oneself for sleep, worse from excitement and from thinking of the pain, better from touch; the relief during reading seemed to arise from the mind being diverted from the pain.

What is the diagnosis? What the pathological state of this mass of contradictory modalities? Does it do any good to call it cephalalgia from overstudy?

The remedy was Conium, which cured.

Here is a case for the specialists: A soldier with weak eyes, interfering with target practice. Photophobia, has to wear colored glasses in the sun. Very near-sighted, cannot discern an object as large as a man at a distance of 1,000 yards. An ordinary bull's eye, second class target, he fails to see at 600 yards. Eyes sore and heavy on arising in the morning, have to be coaxed for two or three minutes before they will open properly. Hard task to read at night; if effort is made to read letters and words they ache fearfully. Bathing with cold water strengthens them for a time. Finally, and chiefly, he cannot look a person in the face for thirty seconds, as his eyes seem to draw out of his sockets in some strange way.

The specialists could no doubt make out a diagnosis of this case, but could they cure it, as was done?

Glonoin, twice daily, for fourteen days, produced the following results. I quote his letter:

"I can truly testify that my eyes are very much stronger and clearer in vision than before taking the powders. I do not feel any aching from the eyelids as I used to, when too much exposed to the sun. A bull's eye target of twelve inches in diameter at 500 yards seems much clearer than it used to."

Three months later:

"There is no longer any pain attached to the eyelids; the frequent bloodshot appearance of the eyes has disappeared."

Lieutenant Butts, in whose company the patient was a corporal, writes:

"His sight seems a great deal better; he can see to shoot at 400 yards, whereas before he could not see to shoot at 200."

With these excellent cases from Dr. E. W. Berridge, I rest my proposition that diagnosis is important, but it has imperfections and futilities, and that it is never more futile than when made the basis of the prescription. [Read at 52d meeting of Ill. Med. Asso.]

THE RELATIONSHIP BETWEEN DIAGNOSIS AND THE REMEDY.

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

[Read before Missouri Institute of Homœopathy, April 24, 1907.]

One of the most desirable accomplishments in the practice of medicine is to be able with passing certainty to brand the aggregate of the symptoms in case, or, if you please, to subscribe as nearly as possible to present day pathological nomenclature. There are many reasons why this is true, among which are the greater liability to avoid doubt in the mind of the patient, to lessen the risk of damaging censure in case of change of physicians, and to realize in one's self that the Homœopath knows all that old school medicine offers and Homœopathy besides, and while it were well to meet these popular demands, it were better still to realize that this procedure is only secondary to the most important function we have to perform, which is to render curative aid to the sufferer, and wheresoever the

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former principle is permitted to trespass the latter we are thereby handicapped in our efforts to render the best possible service.

It is contended, and logically, that we must know what is the matter, in order to know what we are to do, but just as logically may it be contended that modern diagnostics do not afford enlightenment to that end, for it must be evident to you that to say a patient suffers from pneumonia or typhoid fever affords but little, if any, aid in the selection of the remedy for that patient.

On the other hand, it may be granted that when a man knows what old school medicine offers, but nothing more, he is justified in entertaining contempt for the pathological maverick, but when one knows Homœopathy, besides, he finds the branding iron convenient, but not essential. That is to say, he ought to know diphtheria or small-pox, for the benefits of quarantine (which, by the way, benefits others than the patient), or tuberculosis for hygienic or climatic reasons, or a fractured bone for surgical reasons, but the symptoms which enable one to say diphtheria or typhoid fever do not enable one to select the drug that will prove curative in these cases. The point here may be expressed the better by an illustration: A patient suffers from pneumonia; the onset was prompted by undue exposure and was characerized by pronounced chill, marked rise of temperature, quickened pulse, sharp, lancinating pains in the affected area, which are intensified by cough and respiration, there is dullness on percussion, the cheek is flushed, etc. With these symptoms diagnosis is easily made, but what of the remedy? It were practically impossible to select a remedy from any one, two or three of the symptoms narrated, and for the evident reason that they are common to all cases of pneumonia, and are not peculiar to or particular with the patient. Furthermore it will appear to the close observer that these given symptoms are but a part of the picture of the case, and yet there are amongst us those who are ready to mutilate the canvas for the sake of convenience, and it was from continued observation of mutilated canvasses that a Chicago physeician whose reputation extends even to the Old World, was prompted to say, about a year ago, before the Chicago Medical Society: "Gentlemen, we would as well confess to the world that we have no treatment for pneumonia," which, interpreted by the Homœopath, reads: "Gentlemen, there is nothing of that canvas but paint." But even though the Chicago doctor uttered this appalling sentence for the delectation of patrons of the Associated Press, and although he was crudely aped by a Chicago Homœopath, who gave utterance to the same idea, yet we are not ready to subscribe to this miserable acknowledgment of insufficiency in medicine. But to our patient; he has also the following symptoms: Constant pain in the right chest, particularly aggravated by slight motion, marked irritability of temper, with restlessness at night, relief from lying on the affected side (which is a corrollary to the first symptom of pain), constipation, with large, dry, hard stools, intense thirst for large draughts of water, great dryness of all mucous surfaces, etc. Now the symptoms first mentioned are unmistakably pathognomonic of pneumonia, while the last named, without question, indicate Bryonia; but, mind you, the first do not suggest Bryonia or any other remedy, and there is nothing pathognomonic of pneumonia in the latter. Or let us say that with the first, or diagnostic symptoms, the patient had a second list of symptoms reading thus: Great prostration or exhaustion, with uncontrollable anxiety and restlessness, thirst for water in small quantities and often general aggravation after midnight, diarrhœa, small amount and frequent, very offensive, marked pallor, etc. Pneumonia? Yes. Bryonia? No. Arsenicum? Yes; and the change of remedy rests upon the last named symptoms, which have practically nothing to do with the pathognomonic aspect of the case. And not only is this true of pneumonia, but it likewise applies to every other pathologic condition with which we have to do.

Accurate diagnosis is artistic, diagnostic prescribing is a blasphemy against science. Scientific prescribing calls for individualization in every case, and wherever diagnosis obtrudes itself upon the prescription, individualization becomes impossible.

The question simply resolves itself into whether one prescribes for the diagnosis (in which case it becomes necessary that all patients be sick alike and amenable to specifics), or whether one prescribe for the patient, in which case individualization, manifested by peculiar characteristic symptoms, directs to the remedy, which remedy (if homœopathic) will cure.

Diagnostic prescribing means no treatment for pneumonia, nor for typhoid, nor for diphtheria, or for any other disease, by name, while on the other hand individualization and homœopathicity point unmistakably to the remedy for the patient, whether he suffer from the one or the other.

Vast knowledge of materia medica and diagnostics will not compensate for a failure to make this distinction in symptomatology, for whoever recognizes that no two cases of the pneumonia, typhoid or any other condition are exactly alike, and who is prepared to profit by the difference is in a fair way to become worthy of the confidence of the sick.

Homoeopathics.

DYNAMIS.

BY J. STEWART SMITH, M. D., KANSAS CITY, MO.

[Read before Missouri Institute of Homœopathy, April 25, 1907.]

The first paragraph of the Organon reads: "The physician's highest and only calling is to restore health to the sick, which is called healing." At a glance this sounds like a truism, but on second thought it is seen to be the statement of an important fact, one which is too often overlooked. To

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relieve is one thing, to restore to health, to cure, is quite another. A hypodermic of morphine will relieve the pain in gastralgia, but it does nothing towards curing the disease.

"Diseases," says Hahnemann, "are produced only by the morbidly disturbed vital force," Sec. 12. Many germs or toxins are held to be the cause of diseases. In a secondary sense this may be true, but why are some immune, and others at one time and not another? It is answered that the bacilli do not find a proper culture medium in the tissues of the individual. But why not? At the last analysis the answer must be given: Because the vital force is not deranged, and, therefore, is able to resist the toxic force of the germs. Phagocytes and antitoxins undoubtedly play their part, but their presence is the result of the vital force which brought them into being.

The conception of vital force or spirit-like dynamis is the basis of Hahnemann's teachings, but it seems to be cloudy in the minds of many. Disease is popularly regarded as a material thing affecting the body; but disease cannot affect a dead body, therefore it is not the material body, but the life of the body, or the vital force (dynamis) which is affected, and which manifests itself by means of the material organism, as electric force is manifested through the motor or the lamp. The life principle is not material, but a force, such as gravitation, electricity, magnetism and the like. Matter is inert, force is active; force acts on matter, but matter is incapable of acting on force, but only of changing its form of manifestation, as iron exhibits magnetism, and the filament light by the passage of the same electric current.

Matter being inert and hence incapable of acting on force, it is evident that force only can act on force, therefore, whatever power a drug can exert in either causing or curing disease must be exerted by the immaterial force of that drug. To quote Hahnemann again: "Our vital force, that spirit-like dynamis, cannot be reached nor affected except by a spirit-like dynamic process. . . . . Neither can the physician free the vital force from any of these morbid disturbances, i. e., diseases. except likewise by spirit-like (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like force, perceiving this remedial power through the omnipresent susceptibility of the nerves of the organism. Thus, healing remedies can and actually do restore health and vital harmony only by virtue of their dynamic action upon the vital force." Sec. 16.

This idea clearly grasped will help us to understand the curative action of drugs. All substances used in medicine act in one of two ways, by their chemical, or by their drug power. Chemical action takes place in the dead, as well as in the living, body; an alkali will neutralize acidity, an antiseptic will destroy bacteria in either, but after this is done, in the living body, all confess that the vis medicatrix naturæ must be depended on to effect the cure. A drug, on the other hand, acts upon this vis (vital force), and can only exert its power in the living body, because in the living body only is this vis (vital force) present. Any remedy, no matter how selected, or in what form, that cures must do this.

Materialistic ideas are so freely fixed in the minds of many that they can only conceive of a remedy acting in a material way, and the power of the attenuated drug is explained by such on the theory that its particles are so reduced in size by the process of preparation that they are able to penetrate into the cells of the tissues, where larger particles would be unable; and hence they are unwilling to admit that there can be any efficacy in the higher attenuations, because the material of the drug would be so much reduced that there would not be particles sufficient to enter but a few cells. But the question still remains: How do the particles act after they reach the cell? Mechanically, chemically or dynamically, i. e., by virtue of the immaterial force contained in, or conveyed by, them? And on what do they act, on the material, or on the life of the cell? If they would have no effect on the dead cell, and none claim that they can, then it must be on the life of the cell that the force of the drug, not its substance, acts.

We conclude, therefore, that in all drugs there exists a dynamic force peculiar to that drug, distinct from the material of the drug, which is capable of acting on the vital force which animates the body; in other words, that all drug action, as distinct from chemical, is directed towards the vital, or, if you will, the nervous force, the principle of life, and that the cure is due to its dynamic, not its material action.

Potentization here finds its explanation. Matter hinders rather than helps the action of force. The chemical affinity in iron and sulphur does not act until their molecules are separated by heat, then it acts energetically. Most substances must be brought into solution, their material molecules separated, before the force of chemical affinity becomes manifect. So with drug action, the drug must be more or less attenuated before its forces is released. A gram of lead in the form of a bullet will do no harm if swallowed, but if it is dissolved in the stomach, or had been reduced to powder before swallowing, a very small part of it would prove highly poisonous, i. e., its peculiar force can only be set free to act upon the vital force by separating its material molecules. Potentization by separating the material molecules liberates the immaterial or dynamic force, and gives it freedom to manifest itself. To use an illustration from Prof. Tyndal: Suppose a box into which a swarm of bees has been placed, so many that they can fly but the fraction of an inch, the force with which any of them could strike against the side would be very small; now if all but a few are removed, so that they can fly from side to side, the force of the impact would be very considerable. By reducing the number, the vital force of the insects has been enabled to exert itself more energetically. So with drug force. In the crude drug it is bound down by the bulk of its material substance: attenuation separates the molecules so that it is able to act with increased power, and

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to produce effects that it could not, except perhaps in a very limited degree before.

If this be so, the question of the size or number of the molecules does not arise, and the extent of the potentization does not effect the potency of the drug action, for the molecules only limited the action of the force. Since drug force acts on vital force, attenuation really does potentize, make more powerful. its action. Potentization, therefore, is a term both accurate and descriptive, and it is evident that it has no theoretical limit.

As the drug force of a remedy is thus developed, it is also particularized and isolated from other drug forces present in the crude substance which, however, were not peculiar to it. Not being inherent they are exhausted or left behind. Hence it must be prescribed with greater care that it is indicated by the particular derangement of the vital force which is manifested by the symptoms present, i. e., it must be homœopathic. An ounce of shot may bring down a bird if it hits it, but a single shot accurately aimed will do the same thing, and with far less injury to the bird. High potencies are wonderfully efficacious, but only in the hands of accurate prescribers; to use them the physician must know both his materia medica and his patient's symptoms. It is not the power of the gun nor the quantity of the shot, but the accuracy of the aim, that fills the bag.

HOMŒOPATHY IN INDIA.

In the September issue of the Medical Century appears an article with the above heading. We would let it pass unnoticed but for the fact that some items of information have been inserted in it that are either misleading or incorrect.

I. Hahnemann and Homœopathy are not known throughout the length and breadth of India. The fact is the great majority of the people of India never heard of Homœopathy, not to speak of the great German, Hahnemann, who was the founder of Homœopathy. Virtually in Bombay, Madras, the central provinces and the various large divisions of India, people never heard of Homœopathy. Of course, there may be a lay practitioner here and there, or some missionary may take up the study of the science for the love of the thing, but that is about all. Homœopathy, it is true, has got a strong foothold in Bengal, particularly in Calcutta, the metropolis. There are a number of qualified practitioners who practice Hbmœopathy, and they are held in great esteem by the people of the city. Among them may be counted the few American graduates, whose names have been mentioned by the writer, but the names of the leading practitioners who are graduates of the Calcutta Medical College are not mentioned. This is certainly a serious omission. The names of such men as Drs. P. C. Majumdar, C. S. Kali, Amrita Lal Sarker, Pares Nath Chatterjee, Bepin Vihari Chatterjee, Akshay Kumar Datta, Giris Chandra Dutta, Mahendra Nath Ganguly, Gopal Chandra Goswami, Netai Charan Halder and others who are well known here, and, in fact, through whose exertions Homœopathy got a foothold here, are not mentioned. We must also mention the names of Drs. Leopold Salzer and William Youman, who are also counted among the well known practitioners of the city. Dr. Salzer, a man of exceptional ability and vast learning has lately been compelled to retire on account of ill health, while Dr. Youman, an Edinburgh graduate, practices here with considerable reputation, and is an exclusively high potency man.

II. A few words must be said with regard to the homœopathic journals that were mentioned. The Indian Homœopathic Review is not edited by Dr. P. C. Majumdar alone, because we have had the editorial charge of the journal conjointly with Dr. P. C. Majumdar for many years now. The Bengal journals mentioned in the paper are very irregular in their appearance, while the Indian Homœopathician and the Indian Homœopathic Reporter mentioned by the writer have not appeared for more than a year, so that they must be considerd as non est.

III. Mention is made of one charitable dispensary that was founded in 1892, and is now in a most prosperous condition. Where it exists, by whom it was endowed, and how many patients have been treated in it from year to year we do not know. There are several charitable dispensaries, it is true, but none of them is properly endowed, and so none has a permanent existence. The best institution of the kind, I mean the Sir Tagrore Rajmata Charitable Dispensary, founded by Raja Sir Sourindra Mohan Tagore, had to close its doors because of the lack of funds.

IV. The homœopathic schools ought not to have been mentioned at all. Undue prominence was given to the M. M. Bose homœopathic school. At best the schools have a precarious existence, and none of them furnishes thorough medical training.

V. It is a mistake that "much discouragement is received from the government." The British Government never interferes with the practice of medicine in this country. There is no medical practitioner's law in this city, otherwise unqualified practitioners would not be allowed to practice here. Of course, all our friends of the other school are not very charitably inclined to us. But even the University of Calcutta was obliged to recognize Homœopathy on account of the intervention of Father Lafont, a great scientist and a staunch supporter of Homœopathy in this country, the other day. I am sorry Messrs. Lahiry & Co., C. Ringer & Co., Berigny & Co., L. V. Mitter & Co., King & Co., etc., etc., some of the most respectable pharmacies, were not mentioned in the paper.

Now about the existence of societies. A new society has only lately started by the name of the Calcutta Homœopathic Society, which is doing good work. The only other society we ever heard of is the Hahnemann Society of Calcutta, which meets only once a year on Hahnemann's birthday. We have never heard of the Hindustan Institute of Indigenous Drug Proving. It is probably an extinct

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institution. This much will do for the present for "Homœopathy in India" as published in the Medical Century, but we are sorry there was not a better report of Indian Homœopathy.

J. N. Majumdar, M. D.

Societies.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Office of the President,
721 Main Street.
Hartford Conn.

To the Homœopathic Physicians of America:

Your national society is about to hold its annual meeting at Jamestown. I say your society, for it is yours whether you belong to it or not, since it is the standard bearer of Homœopathy, and because of its strength and activity your position is stronger and you command greater respect in the communities in which you live.

Are you alive to your duty to the American Institute of Homœopathy and the privilege of belonging to it; you who are not members or who do not attend its meetings? I am sure you neither realize how much you owe to the Institute nor how much you lose in not being of that company which yearly meets for scientific work and friendly intercourse. Both are of great advantage to the physician since he will never reach his best if he strive alone and does not mix in just this way with his fellows. For the Institute is now so large and so strong that here will be found men and women of the highest attainment, standing in the front rank of the profession, leaders in every department, be it general practice, surgery, or any of the specialities. Is it not worth while to know such men and women, to hear their views and learn their methods, not only from their papers but by personal contact? The Institute is a very democratic body, acquaintances are easily formed, and the quiet interchange of ideas is constantly going on and is one of the best ways of acquiring information.

The social side of Institute life is one of its most enjoyable and profitable features. The acquaintances of the first year or two ripen into friends, each year increasing in number and becoming dearer. To one who has attended the meetings year after year the friendships thus formed become very precious, and the experiences of Institute week are counted among the most enjoyable of his life, to which he looks forward with pleasant anticipation. He soon begins to have a personal feeling toward the Institute, which ere long becomes a positive affection, and he looks upon her as the college man does upon his Alma Mater.

There is still another feature of Institute life that should not be overlooked, for it is important and legitimate. It is a valuable professional asset to have acquaintances and friends located all over the country, for the American people are migratory and frequently change their places of residence, and in so doing almost invariably ask their family physician to tell them what physician to employ in their new home. He is far more likely to recommend a man whom he personally knows and whose ability he has measured than he is a stranger, and a man does not attend the Institute many years before an accurate estimate of his character and ability is formed.

The Jamestown meeting affords an inviting opportunity to begin or renew Institute life, since we meet under favorable conditions both for work and recreation, the details of which have already been published. The reports of the annoyances and discomforts of the opening day of the Exposition need not alarm us, even if they were not exaggerated. Unquestionably the Exposition was not ready to entertain a large number of visitors in comfort on April 26th, but there is no question about our being well taken care of on June 17th. The Inside Inn, our headquarters, is completed and in excellent condition to take care of us in a satisfactory manner. All the sleeping rooms are in the second story, so that danger to life from fire is eliminated. I can state positively that the sanitary arrangements of the Inn are good, and that the drinking water is above suspicion. The Hall of Congresses where we hold our sessions is completed, and its sanitary arrangements are also satisfactory. In fact, there is every reason to believe that the sanitation of the whole Exposition, which is under the supervision of a United States Government expert, is excellent.

I believe that the Institute has never before met under conditions more favorable for work and recreation. It goes without saying that there will be some annoyances and inconveniences—such things are inevitable—but I am convinced that those who go to the Inside Inn will have less annoyance and greater comfort than those who may choose to patronize hotels at a distance from the Exposition grounds.

Edward Beecher Hooker, M. D.,
President.

OKLAHOMA CITY, A LAST WORD.

Homœopathy is getting a firm foothold all over Oklahoma and Indian territory, from which the new State of Oklahoma is soon to take its place in the galaxy of States. But very few States in the South or West have a greater number of homœopathic physicians in active practice than these two territories combined. Our school numbers about one hundred, and almost daily there are new ones coming or seeking information in regard to locations. Dr. L. Enos, of Decatur, Ill., has bought property in Enid, Oklahoma, and will soon locate here and open up an office.

Dr. H. L. Scott, of Louisville, Ky., visited this country last winter with no intention of changing his location. He writes me since his return home that he has had the Oklahoma fever ever since, and has determined to pull up and cast his lot with us at an early date.

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Dr. W. S. Bingaman, of Pittsburg, Pa., writes me he expects to locate in our State soon, and desires me to locate him.

Dr. William C. Duncan, of Adel, Iowa, will soon locate at Norman, Oklahoma.

F. L. Johnson, M. D., of Holly, Michigan, writes me that he is tired of that cold climate, and longs to come to the country of sunshine.

These are but a very small number seeking advice and information about the great Southwest. Young men of the East are taking Greeley's advice and coming West. Many older practitioners of the North are growing tired of the long, cold winters, and are looking for a country where the winters are mild and summers delightfully cool; where the mocking bird trills its delightful music, or listens to the night sound of the whippoorwill, reminding one of approaching seed time.

I would ask the members of our Institute to take a careful view of our map and compare the great West and Southwest with the small area in which the greater number of the American Institute meetings have been held. Again, I would ask them to carefully view the statistics and census reports from time to time, the political influences, and see if the great West will not soon control national legislation; and when we consider the great number of practitioners of the so-called regular school and their political influence, and their desire to destroy our school as a distinct school of therapeutics, is it not time we should extend our influence and make ourselves felt before the politician, and demand our just rights in local and national legislatures? If we do not who will do it for us? And if we do not where can we expect to find ourselves in the near future? If we are not vigilant we will soon be swallowed up by our allopathic brethren. I am no alarmist or pessimist, but can see the hand writing on the wall unless we awake to our duty and opportunities.

Altruism should prevail in our ranks; we should deny ourselves for the benefit of humanity, and for our future existence. I do not wish to dictate to our American Institute, but only to sound a warning cry viewed from a western standpoint, by one who has given this subject much thought and who has the welfare of Homœopathy at heart, and hopes to render up a good account at the last day.

If our national meetings expect to get results they must get away from exhibitions, with the various attractions to detract from the papers and discussions incident to the meeting. They must cut loose from centers of pleasure and health resorts and get out into the open where they will be seen, and where their influence will radiate out among the people. They must cease to be only a part of the show, but be It. Meet where the press has power and influence, where the press has the associate despatches, and sends out to the world what is taking place in their section. Meet in the new and great Southwest, in the greatest city in the world for its age, a city where you will meet with a warm reception by its whole people, a city and country with intelligent, progressive people, a people ready to receive Homœopathy, a country and city that will be blessed by your coming, and the members of the Institute will be blessed by coming. They will have a clearer idea of this wonderful country of ours, their minds will be broadened, and they will go back more patriotic and proud of their country than ever before. Oklahoma City and all Oklahoma invites you to come. In the name of Homœopathy and humanity, come. In the desire and wishes of hundreds of homœopathic physicians in adjoining States, who have never been able to attend one of our national meetings on account of great distance, come. The entire West (South and North) will welcome you and swell the ranks of our Institute by enrolling their names. In the name of all that is right and just, come. Let us become better acquainted, and make new resolves to go out and defend our rights before the world.

Every one can come and have just such accommodations as they want. All our hotels are close together, and prices range from one to four dollars a day on American plan. Can get good, clean accommodations for $1.50 a day; four dollars means separate room, both toilet and telephone, local and long distance, in room; in fact complete and modern in every way. We will have one hotel by the time of meeting that will accommodate the entire membership. Yet I do not think it advisable to make any such arrangements; it is better to have different places for entertainment and different prices, so as to meet the wishes of all.

J. Hensley, M. D.,
Oklahoma City, Okla.

HAHNEMANN MEDICAL ASSOCIATION OF IOWA.

With an attendance marked by large numbers and enthusiasm the 38th annual session of the Hahnemann Medical Association of Iowa opened on Wednesday, May 8th, in Iowa City. After the usual formal opening and welcome by the mayor, the president's annual address was read. In his address President Bywater gave a brief review of the progress and successes of the past year, and urged all to further activity in view of the recent legislative and other activities shown by the other schools. He also showed the large field open and demanding homœopathic physicians, and urged all to help the colleges satisfy this demand. With the opening of the afternoon session the work of the different bureaux was taken up. The Bureau of Surgery, under the chairmanship of E. R. Jackson, presented two excellent papers, which were widely discussed. "Cholecystitis," by F. C. Titzell, and "Compound Fractures With Cases," L. B. Carson, Maquoketa. Following this the Bureau of Clinical Medicine brought out three papers on the "Method of Diagnosis," "Result of Analysis and Diet," and in "Diseases of the Stomach." The Bureau of Nervous Diseases was postponed to allow Dr. Benj. F. Bailey to read his strong paper on "Relation of Clinical Experience to Scientific Materia Medica." This closed the afternoon ses-

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sion. At 6 o'clock an informal banquet was held in the Congregational church parlors, followed by a scholarly address by Royal S. Copeland, M. D., Ann Arbor, Mich., on the subject, "Has Homœopathy a Scientific Foundation?" which completely captivated his large audience. Prof. Copeland in the morning was the speaker at the weekly assembly of the University, where he likewise won his audience by an excellent address. Thursday was devoted to the work of the bureaux, and the business of the society opening with the Bureau of Materia Medica papers of special merit were read by D. L. Davis, "What Is Homœopathic Law?" George Royal, "Our Materia Medicas;" T. F. H. Spreng, "How Can the Study of Materia Medica Be Made More Interesting and Impressive?"

Following this was transacted the business of the society. Matter of a special interest was the approval of a plan for the establishment of a journal to represent the society and the college, to publish its transactions and news of interests through the State. A committee of five was appointed with power to act. The Board of Censors made a most creditable showing by presenting the names of twenty-four of the younger members of the profession for membership. The election of officers was unanimous in every case. The remaining part of the session was taken up by the Bureaux of Ophthalmology and Otology, in which papers were read by Doctors Homan, on "Muscular Asthenopia," and E. G. Linn, "The Therapeutic Lamp in the Treatment of Suppurative Middle Ear Diseases," and the Bureaux of Obstetrics, Gynæcology and Pædiatrics in which there were many scientific papers read and discussed.

Officers elected were as follows:

President, T. F. H. Spreng, Sioux City.

Vice-President, Genevieve Tucker, Davenport.

Second Vice-President, R. W. Holman, Webster City.

Secretary, G. A. Huntoon, Des Moines.

Treasurer, M. A. Royal, Des Moines.

M. A. Royal, M. D.,
Des Moines, Ia.

THE OHIO STATE HOMŒOPATHIC SOCIETY.

The forty-third annual session of the Homœopathic Medical Society of the State of Ohio was called to order on May 14th in the Grand Hotel convention hall by President L. K. Maxwell, M. D., of Toledo. Dr. W. A. Geohegan welcomed the society to Cincinnati, and Dr. D. H. Beckwith, of Cleveland, the veteran of the society, responded. The reports of Secretary H. F. Staples, M. D., of Cleveland, and Treasurer T. T. Church, of Salem, showed the society to be in good working and financial condition.

President L. K. Maxwell, of Toledo, in his annual address, declared that the State society has not been as active as it should have been, though its transactions show a high grade of work each year. The increase in membership, however, has not kept pace with the class of work done. He predicted a larger increase in membership in the future on account of the diligent work being done by the Membership Committee and officers, and said that with thorough organization the homœopathic school could and would obtain recognition in various State institutions and secure desired legislation.

Dr. T. M. Stewart, of Cincinnati, chairman of the Committee on Organization and Increase of Membership, presented the names of fifty applicants for admission. They were passed on favorably by the censors and admitted. This means an increase this year of nearly 30 per cent. in membership, and will be followed, Dr. Stewart predicted, by a still larger increase.

Dr. H. H. Baxter, of Cleveland, chairman of the State Board of Medical Registration and Examination, made this statement when called on for a report of the work of the State board: "This society and every homœopathic physician in the country should rouse himself to the fact that the 'regulars' are conducting, or trying to conduct, a quiet campaign of extermination of the newer and smaller medical schools of the country by adverse legislation or whatever other means can be employed to that end. This does not apply particularly to Ohio, but the country at large, and it is time some attention was being paid to the matter." Dr. Baxter has been on the board for ten years, and has still four more years of his second term to serve. He has been, he said, in a position to become better posted on the matter than many other physicians. Dr. Stewart, who had just made his favorable report on membership, agreed with Dr. Baxter in his statement regarding the purpose of the "regular" school, but declared its campaign would not be successful, as the Homœopaths, at least, would object too strenuously to being wiped out of existence; the time for accomplishing that feat, he said, passed many years ago.

The work of the bureaux as presented in the program of our last issue was carried out, and interest maintained therein to the last. Some of the papers were especially fine and caused much instructive discussion.

Perhaps the chief matter of interest, at least that which excited the daily press most, was the following resolution prepared by Drs. M. P. Hunt, of Columbus; H. H. Baxter, of Cleveland; H. E. Beebe, and A. W. Reddish, of Sidney:

"The Ohio State Medical Association is thoroughly organized and equipped for warfare on all these evils. There are forces connected with large money interests of the State which are hostile to these efforts, and these, with politics, will put up a hard fight. It is a well known fact that the senior United States Senator from Ohio worked against the medical profession in opposing the passage of pure food measures proposed by physicians. As members of the homœopathic profession we should do our part in all proposed legislation along this line."

The society also voted to endeavor to have a homœopathic medical department established in the

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Ohio State University, and passed the resolutions of the legislative committee favoring improved army sanitation, government regulation of foods and drugs, and the establishment of a national health department. The resolution also reads: "People should be permitted to buy soothing syrups and other drugs, but should be told how much cocaine and alcohol they contain."

The following officers were elected for the ensuing year:

President, J. W. Overpeck, M. D., Hamilton; First Vice-President, Lester E. Simeon, M. D., Cleveland; Second Vice-President, C. Hoyt, M. D., Chillicothe; Secretary, H. F. Staples, M. D., Cleveland; Treasurer, T. T. Church, M. D., Salem; Necrologist, D. H. Beckwith, M. D., Cleveland; Censors, J. E. Welliver, M. D., Dayton; A. W. Reddish, M. D., Sidney; W. H. Phillips, M. D., Cleveland; W. A. Humphrey, M. D., Toledo; H. H. Wiggers, M. D., Cincinnati; C. K. Connard, M. D., Mt. Vernon; Katherine Kurt, M. D. Akron.

The banquet was a grand success in every way. Nearly 200 were present

Among the visitors from out of the State were Drs. D. G. Wilcox, of Buffalo, N. Y.; H. V. Halburt, of Chicago; R. H. Stevens, of Detroit; W. B. Hinsdale and W. A. Dewey, of Ann Arbor; C. M. Boger, Parkersburg, W. Va.; J. A. Lenfesty, Mount Clemens, Mich.

HOMŒOPATHIC SOCIETY OF KANSAS.

The annual meeting of the Kansas State Society was held in Topeka at the National Hotel, May 9, 10, 11.

The number in attendance was not so large as the previous two or three years, but the enthusiasm was not greatly marred by this fact.

The papers and discussions were well above the average and the claim for better Homœopathy was pronounced. The society went on record as unalterably opposed to both vaccination and antitoxine. Dr. Addison Kendall, of Great Bend, presided with pleasing dignity. A resolution favoring Oklahoma City as the place of meeting of the American Institute in 1908, was unanimously adopted, and the delegates were so instructed.

Dr. C. H. Lerrigo was made President and Dr. Niccolls, of Topeka, Secretary for the ensuing year.

Those in attendance from Kansas City, Mo., were: Drs. Frank Elliott, J. M. Patterson, W. A. Forster, T. H. Hudson, Maclay Lyon and Lewis P. Crutcher.

KANSAS IN LINE.

Whereas, The Homœopathic Medical Society of Kansas, in convention assembled, is of the opinion that the American Institute of Homœopathy should in 1908 meet at the Southwest, where its presence will redound to the benefit of Homœopathy; and,

Whereas, Oklahoma City being in the center of that section, and being the only city in America that both wants and needs the said meeting; therefore, be it

Resolved, That the Homœopathic Medical Society of Kansas endorses Oklahoma City as the place for said meeting, and that its delegates to the approaching session of the American Institute be instructed to use their influence and their votes to that end.

Passed unanimously.

THE MEETING OF THE MISSOURI INSTITUTE OF HOMŒOPATHY.

The thirty-first annual meeting of the Missouri Institute of Homœopathy was held in the Midland Hotel at Kansas City, on the 23d, 24th and 25th of April. The attendance was quite as large as others of the large meetings of this body, and the enthusiasm was most pronounced. From the moment that the president, Dr. Geo. A. Mellies, of St. Louis, called the meeting to order to the last item on the program, the watchword was a higher order of Homœopathy and the general tendency of the papers and the discussions was of the sort to delight the soul of the most ardent Hahnemannian. Guests from other States who took active interest in the proceedings were Drs. H. C. Allen and H. V. Halbert, of Chicago; Geo. F. Adams, of Kenosha, Wis.; Benj. F. Bailey, of Lincoln, Neb., and Chas. H. Lerrigo, of Topeka, Kan., not to mention several other well known men who live in nearby Kansas towns. The banquet held on Tuesday evening was pronounced a most successful affair. Dr. Mellies proved a most acceptable toastmaster, and after the reading of his presidential address, which was replete with wit and wisdom, he introduced Mr. C. A. Young, a well known business man and alderman of Kansas City, who gave his hearers a genuine surprise, because of his great familiarity with the principles of Homœopathy, and his blunt announcement of his deep conviction of their truth. He was followed by Dr. H. C. Allen, who, as usual, talked instructively along the same lines as those followed by Mr. Young. Then Dr. Adams, of Kenosha, unloaded a "bunch" of stories that brought down the house. Rev. Geo. H. Combs, of Kansas City, closed the evening with a most practical talk.

The officers elected for the ensuing year were: F. M. Martin, of Marysville, President, and it may be said in passing, that his majority expressed very truly the recognition of his long, faithful service to the Institute.

Drs. Edward Andruss, of Holden, and G. H. Gilkenson, of Warrensburg, were elected First and Second Vice-Presidents, respectively. Dr. Maclay Lyon, of Kansas City, was given the secretaryship.

At noon of the second day after the election of officers, a resolution was offered to instruct the delegates to the American Institute for Oklahoma City in 1908.

The argument that seemed to carry weight was that "Oklahoma City is the only place in America to-day that both wants and needs the American Institute meeting next year."

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Doubtless the resolution would have carried by a large majority, since all who spoke on the subject expressed partiality for the city of the Southwest; but at this point Dr. W. E. Reily, of Fulton, reported that he was one of a number who, at Atlantic City last year, agreed that Oklahoma City was not to ask for the 1908 meeting, and that he "hoped the Missouri Institute would not endorse for any place, thereby creating an undesirable precedent." Lack of knowledge of this Atlantic City compact, coupled with other exigencies, prompted the withdrawal of the resolution without vote.

The St. Louis contingent with Willis Young, George A. Mellies,' Scott Parsons, Paul R. Fletcher, et al., came with good papers and good cheer and gave the assurance before they left that the meeting next year at St. Louis will be a record breaker if their energy can make it so

INVITATION FROM ARKANSAS.

The profession of Hot Springs, Ark., will, at Jamestown, extend to the American Institute of Homœopathy an invitation to meet there in 1908. Hot Springs is the greatest health resort in the world. The United States Government has spent thousands of dollars in developing same. It's your resort, they are your springs, and each and every member of the American Institute of Homœopathey should come to Hot Springs, Arkansas. The Southwest needs your support, we need a good homœopathic tonic, and the best I know of under the circumstances is the American Institute of Homœopathy in 1908. The railroad rates will be reduced from all points. One fare plus two dollars is the prevailing summer rate, in effect from June 1st to October 1st. Hotel accommodations are ample. We can care for the Institute under one roof in first-class style and at much cheaper rates than we have paid any time during the past six or eight years.

Please mention these facts in your next issue of the Century, and say to the profession Hot Springs will be heard from at Jamestown.

Very sincerely yours,

Dr. W. O. Forbes,

Sec. Local Com.

TO THE HOMŒOPATHIC PROFESSION OF THE STATE OF NEW YORK.

You are reminded that the semi-annual meeting of the Homœopathic Society of the State of New York will be held in Brooklyn, N. Y., on September 24, 25 and 26, 1907.

You will note that the time of the meeting has been extended to three days. This was done for two reasons; first, that we might arrange for a larger discussion of the papers than has been possible at some of our recent meetings, and, secondly, to permit the State Society to join with the Homœopathic Medical Society of the County of Kings in the celebration of its semi-centennial.

The first meeting for the formation of the Kings County Society was held in the last days of September, 1857, and its final organization completed early in October. It is, therefore, very fitting that we should at this time take some account of the work done in Brooklyn in that period and to emphasize the status of Homœopathy in Brooklyn at the present time. To that end a public meeting will be held on Wednesday evening, September 25th, to which you and your wives are cordially invited. The meeting will be addressed by a homœopathic physician of national reputation and by a layman. These speakers will be announced in the next issue of the Medical Century, as well as other details of the meeting.

On the last day of the meeting the Kings County Society will tender to the visiting physicians and their wives a banquet, as a fitting close to their celebration and of our semi-annual meeting.

The President trusts that not only every member of the State Society will make it a point to be present, and will cheerfully consent to be drafted for work in making this meeting notable in its scientific work, but that all the members of the profession who are outside of the ranks will feel interested enough to attend its sessions, and, perhaps, thereby enlist in our ranks, which need the enthusiastic support of every Homœopath in this Empire State.

Remember that the most cordial greeting awaits every physician to attend the meeting in Brooklyn on September 24, 25 and 26, 1907.

Herbert D. Schenck, President.

THE HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN.

The Homœopathic Medical Society of the State of Michigan convened in the City of Detroit on May 21st, Dr. Harold Wilson in the chair. The attendance was small, and as in the case when societies meet in cities where there are plently of physicians, these are the ones that do not come. However a fair representation was registered during the session.

President Wilson's address was of the scientific order, somewhat interrogatory and agnostic, but scholarly in the extreme, and the committee appointed to report thereon, went into the various parts at length, discussing them freely and opportunely.

The scientific program was a good one, and the papers presented were of merit, the succeeding discussions profitable. The feature of the session was the excellent address of Prof. George Royal, M. D., of Des Moines, Iowa, entitled "The Present Day Attitude of Homœopathy." It was a fine address punctuated all through with truths and permeated with good, loyal Homœopathy. After the address a reception and banquet followed at the Hotel Tuller.

The officers elected were the following: President, Dr. S. H. Knight, of Detroit; First Vice-President, Dr. J. H. Ball, of Bay City; Secretary, Dr. D. W. Myers, of Grand Rapids; Treasurer, Dr. J. M. Richard, of Detroit. Place selected for the next meeting, Ann Arbor.

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The Colleges.

DETROIT HOMŒOPATHIC COLLEGE COMMENCEMENT.

The annual commencement exercises of the Detroit Homœopathic College were held on May 14th. The opening address was by the Dean, Dr. D. A. MacLachlan. Prof. Alfred Graham conferred the degrees upon the following candidates: Emma C. Clawsen, Minnie E. Dawson, Bertha C. Day, F. W. Dorr, P. C. Goodlove, G. R. Hanke, L. A. Murray, R. A. Stimpson, and H. D. Trask. The faculty address was by Prof. C. G. Crumrine, and the class valedictory was by Dr. L. A. Murray.

Dr. Jas. C. Wood, formerly of the University of Michigan, but now of Cleveland Homœopathic College, delivered the chief address of the occasion, and took for his subject "The Conquests of Modern Surgery." In introducing his subject he said:

"Mr. President, Members of the Graduating Class, Ladies and Gentlemen:

"The laity is intensely interested, as it should be, in all that pertains to the preservation of health and the conservation of life and human suffering. All departments of medicine have made during the last twenty years wonderful and striking progress. It is, however, the conquest of modern surgery which most thoroughly impresses the average layman. Indeed, there are few surgeons in active practice who are not themselves surprised by the wonderful results with which they are constantly confronted. I shall, therefore, in considering some of the factors which have made these results possible express myself for the benefit of the laymen who have honored us by their presence in language as free from technicalities as I can command. Doubtless much that I have to say will sound academic to the young men and young women who are about to become doctors of medicine. If, however, I succeed in increasing your reverence, members of the graduating class, for the science and art of surgery, my efforts will not have been in vain, and I shall be doubly happy if even one layman within sound of my voice goes from this hall with a better understanding of how much the surgery of the future depends upon the co-operation of an intelligent laity."

In discussing the many surgical triumphs of the day, he said:

"Daily and almost hourly in cities of any considerable size tumors are being successfully removed weighing from five to one hundred pounds. The modern Cæsarean operation is annually saving hundreds of mothers and babes. And still more miraculous things are foreshadowed for women. Perhaps the most dramatic announcement that has been made during the last decade to the medical world is that of a prominent American surgeon, who reports the transplanting of an ovary from one woman to another with succeeding maternity in woman number two. Verity, the surgical triumphs of the future may not only confound the genealogist, but also add to the confusion of our inheritance laws."

In conclusion, Dr. Wood said: "The modern physician is necessarily a materialist in so far as dealing with matter is concerned, for he not only sees it in its gross form but has studied it in its minutest subdivision. He, therefore, does not ignore the existence of matter because he is daily watching it in its highest type while functionating either normally or abnormally. He does not ignore the existence of disease because he can now determine its cause in nearly all instances, and reproduce it in lower animals by the introduction of specific germs. On the other hand, the revelations of modern medicine do not tend to make of its devotee an agnostic. It may change the physician's idea of creeds and dogmas, but he stands in wonder at the marvelous correlation of the physical laws which, through the processes of evolution, have culminated in man—the most complex of all organisms.

"The ethical physician is excluded from the fellowship of his brother practitioners if, after evolving some theory of disease, as regards its causation or cure, he does not give it to the profession for the benefit of suffering humanity. Not a single instrument is patented by a reputable physician. In the larger number of instances his income is moderate, and he has never been accused of 'predatory wealth.' This income, moderate as it is compared with men of similar ability engaged in business, is circumscribed by his efforts to protect municipalities and governments from the invasion of disease and epidemics. It requires as much bravery to face contagious and infectious diseases as it does to face the cannon's mouth, and perhaps more because the physician, in the quiet pursuit of his profession, is cheered neither by martial music nor the plaudits of his fellowmen.

"A few of the great innovators in medicine have been remembered by monuments and tablets, but very few monuments have been erected to the memory of the great benefactors of the human race who blazed the way for us of the present generation of physicians, compared with those erected to the memory of soldiers and statesmen. I would not detract one iota from the glory of those brave men who have fought their country's battles. I do, however, believe that as our civilization advances he whose mission it is to save life and conserve it will receive honors from his countrymen equal to those bestowed upon him whose profession it is to destroy life, even though such destruction be wrought in the name of valor and patriotism."

A large attendance was present at the exercises, and the banquet that followed in the evening was a success in every way.

We notice in the Alumni list of the New York Homœopathic Medical College among the deceased graduates of the class of 1884, the names of Dr. J. Richey Horner, of Cleveland, and Dr. Charles L. Tisdale, of Oakland, Cal. Now we thought that Horner was very much alive, and the recent volume of the Institute Transactions is a pretty good evidence of his activity, and as to Tisdale, you couldn't kill him with a setting maul. Then, too, there is Frank Sanborn, of the Class of 1881, who is pretty much alive,

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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JUNE 1, 1907.

Editorial.

THE INSTITUTE MEETING.

The sixty-third annual meeting of the American Institute of Homœopathy will be held at the Jamestown Exposition grounds from June 17th to June 22d. Everything points to a large attendance and an interesting and profitable session. The program is practically completed, and the local committee have done all in their power to furnish accommodations and entertainment for all who attend, and it is hoped that the attendance will be up to high water mark. The details of all this will be found in the official circular.

The transportation facilities are most excellent, and there is a great variety in the choice of routes. The New York Central lines offer a round trip from Chicago by the way of New York that will appeal to many, as there are stop-over privileges all along the route to points like Saratoga, where is to be held the Knight Templar Conclave in the early part of July, the privilege of the ride down the Hudson, or by boat from New York. We understand that arrangements have been made securing accommodations on the boat leaving Washington on Sunday morning, June 16th, going down the historic Potomac, arriving at Norfolk in the evening. This will be a delightful trip, and one that will appeal to many. The Big Four railroad is also arranging a party from Chicago direct to Norfolk through their genial representative in Chicago, Mr. I. P. Spining. The round trip ticket by this route, which goes by the way of Cincinnati is $22.25. The round trip via New York is $31.05 by way of the Michigan Central route, and about one dollar more via the Lake Shore from Chicago. The Pennsylvania and the Baltimore and Ohio also offer direct routes by way of Washington. Those going by the New York Central lines can arrange to be in Washington early Sunday morning in time for the trip on the Potomac, likewise those who take the Pennsylvania and B. and O. from points on these roads.

The accommodations at Jamestown are probably not what they should be. The Inside Inn is a temporary structure, and there will be some discomfort, but we are assured that everything will be done by the local committee that is in their power, and we are further assured that the Institute has made no mistake in selecting Norfolk for the place of meeting.

This all being so all that remains is to go there by the route that appeals to us and get to work. There is much work to be done, the most important of which it seems to us is the work of the Intercollegiate Committee. This committee has something else to do than to meet and adjourn. It should be remembered that this is the Council of Homœopathic Medical Education, and that it has the right, and to it belongs the duty of settling matters pertaining thereto without interference by any other body seeking to regulate educational matters.

Another important committee is the Interstate Committee; this has great work to do and plenty of time should be devoted to this task. It has been a committee in which little interest has been taken, we fear, and one that can do the cause a great amount of good. It would seem to us that this should be the real legislative committee of the Institute, since the conflicting interests of different States and localities can here be adjusted. It seems to us that it would be a good work for this committee to prepare a model bill creating boards of medical examiners in the different States that give Homœopathy the recognition it deserves, a bill that will suit every State and locality, and endeavor to have the same passed in all the States, taking the place of the unfair bills that now prevail. There would be uniformity, and reciprocity would follow as a natural consequence. The eclectic school should be enlisted towards this movement, and with these two schools striving to the same end there would be an obstacle to the endeavors of the school that seeks to dominate medical matters in this country.

We regard all this work of paramount importance, more important than the bureau or society work. It is not only important, it is imperative. We hope to see a large and enthusiastic meeting at Norfolk, and we hope to see all this work set in motion.

EDITORIAL BREVITIES.

Dr. C. B. Currier.

There died in San Francisco on April 17th this grand old Homœopathist of the Pacific Coast at the advanced age of 78 years.

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Dr. Currier was born in New England, and was of sturdy old revolutionary stock. He was educated at Meredith Bridge, New Hampshire, and commenced early the study of medicine under Dr. Jerome Harris, an allopathic physician of Lawrence, Massachusetts, his native town. Here he remained two years, after which he removed to New York and placed himself under the tuition of Dr. Belmont, an English physician, who made the treatment of diseases of the chest a specialty. After remaining here a year he went to northern Vermont and entered the office of Dr. Jenness as a student. Soon after this he attended lectures at Woodstock, Vt., and subsequently at the College of Physicians and Surgeons at New York, and then at the University of Pennsylvania, where he graduated with distinction. He then returned to Vermont and commenced

DR. C. B. CURRIER.

the practice of Homœopathy at Rochester in 1857. In 1860 he removed to Cornwall, Vermont, and in 1864 to Middlebury, the county seat. Here he practiced for eleven years, and the history of his struggles and triumphs forms an interesting chapter in the history of Homœopathy in Vermont. When he first came to Middlebury not a homœopathic family welcomed him. The allopathic physicians tried to run him out, and no stone was left unturned to make him and his "sugar pills" a target for ridicule. But he was not of the kind to be run out, nor to swerve a jot from his method of dispensing remedies in the form of sugar pills. In almost no time, by his skill, his extreme punctuality and his boundless energy, he had the largest practice in the town, and his sugar pills were respected, and the converts he made to Homœopathy were of the kind that stick, and they can be numbered by thousands. The United States Government recognizing his merits appointed him examining surgeon for pensions, being at that time the only one of the homœopathic school in New England.

Homœopathy in Vermont owes much to Dr. Currier. He was one of the first members of the State Medical Society, and held the office of president for many years. In 1873 the Cleveland Hospital College conferred its ad eundum degree upon him. After leaving Middlebury, in 1875, he removed to New York, where we find him soon with a large practice on his hands, and the position of visiting physician to Ward's Island Homœopathic Hospital. His health failing him he gave up practice for a year's rest in Europe. Returning to America he found his way to the Pacific Coast, and located in San Francisco in 1880. Here history repeated itself. Devoting himself to diseases of the throat and chest, he soon built up a large and fashionable clientele, which he retained to the last. He was one of those physicians who never lost families or patients. In 1883 he, with a few colleagues, founded the Hahnemann College of the Pacific, and for the first four years was dean of the institution. The history of the struggles and growth of institutional Homœopathy in San Francisco would hardly be worthy of the writing were it not for his untiring watchfulness and energy. His heart was always with any movement to further the homœopathic cause. He joined the American Institute in 1867 with Dowling, Lilienthal, Burdick, Houghton and others, and at the time of his death had been a member for forty years.

Dr. Currier was eminently a man of deeds, not of words. He was a thorough business man, and of almost supernatural practicability. From his entrance into the homœopathic school in 1857, to the day of his death, he realized not only the importance of securing converts to Homœopathy but also of securing students for our colleges, and to that end he always kept a sharp eye out for material to that end. His students, and by students we refer to those that had made their start in his office, number hundreds. As we look over the country we can scarcely find a State wherein they are not represented. It was our privilege to be one of these, and the precepts and methods he inculcated have been invaluable not only to the writer, we feel sure, but to all who had that opportunity.

As a physician there could be no better; he brought sunshine into every sick room he ever visited; he was without question the best prescriber of homœopathic remedies we ever knew; his knowledge was practical, and he employed it in a practical manner. His patients worshipped him; he had no enemies; his professional associates looked up to him as a safe guide to follow; his old students will ever keep his memory green in their thoughts. As a friend he was of the truest, with his intimates he was always a boy, and as a man he stood pre-

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eminent and alone. Homœopathy has lost in him a quiet, active, energetic worker whose place we do not expect to ever see filled.

New Medical Law in California.

They have a new medical law in California. The Pacific Medical Journal calls it a "curiosity." It is a mixed board, the allopaths have five members, the Homœopaths two, the eclectics two and the osteopaths two. The qualifications necessary to be a member of the board are those of membership in one of the medical societies of the State. California has about 5,000 physicians, and less than 2,500 are not members of any of the societies, so the law disenfranchises more medical men in the State than it provides for, and, as it further disenfranchises all those who have spent their lives in teaching or interested in any college, it practically disenfranchises about 4,000 out of the 5 000 physicians of the State. It provides a certificate for "vitopaths," "psychopaths," "healers," "holy rollers," "mental suggestion," "spiritualism," "Christian science," "absent treatment healers," "healing by laying on of hands," "hydropathy," "mesmerism," "hypnotism," or any other old thing. Therefore, the bill is liberal and protective of the dear people.

The American Medical Association furnishes the requirements through its Association of Medical Colleges. This is, of course, right, for this association is the dictator, and any medical college should be proud to be affiliated with it. It has become for the moment the protector of all these forms of practice, and the reason is obvious.

The bill does not provide for examination in materia medica, therapeutics, practice of medicine or surgery. The real work and usefulness of the physician does not count in California. It is truly a monstrous "curiosity." In this, however, it does not differ from the bills introduced and working in other States.

Editor's Table.

GENERAL NOTES.

The Graham Highland Park Sanatarium, of Rochester, graduated, on May 10, a class of 7 young ladies from its training school. Dr. Corden T. Graham presented the diplomas and class pins.

Dr. Howard Crutcher, of Chicago, has our sympathies in the loss of his wife, who died at Mexico, Mo., April 20th, of tuberculosis.

The Detroit Homœopathic College Alumni Bulletin is worthy of note. It shows enterprise and the fact that they are not asleep in Detroit. The Alumni Society has meetings at the college the first Tuesday of each month.

Dr. J. H. Stutz has removed to 1645 13th St., N. W., Washington, D. C.

Dr. A. E. Gesler, of Saranac, Michigan, is a man of discrimination and appreciation. He thinks the Medical Century the best of all journals.

We have received a card from Dr. J. C. Fahnestock, of Piqua, Ohio, pictured then and now. Then, refers to graduation 25 years ago, in 1882, and he comes back to our mind as one of the verdant gallery gods, as Helmuth called them, and we were a grave and potent Senior. Time has changed all this and Fahnestock is one of the good lookers now-a-days.

Dr. A. H. Friedman, who has been in the William McKinley Memorial Hospital in Trenton, N. J., goes to Baltimore to locate, and will take a position in the Department of Materia Medica in the Southern Homœopathic College, and will be chief of the Surgical Dispensary of St. Luke's Hospital.

The new internes for the William McKinley Memorial Hospital, at Trenton are Drs. A. S. Stetson and B. S. Furman, both of the Hahnemann, of Philadelphia, class of 1907.

Dr. C. E. Fisher is doing great work in his railway construction hospital in Southwest Virginia. He has recently established a hospital for 30 beds with an annex for 16 more at Altapass, N. C., where the company has 1,800 men at work on the South and Western Railroad. Dr. Fisher was present at the opening of the Jamestown Exposition and thinks the Institute made no mistake in selecting Norfolk this year as its place of meeting.

We visited on our way to the Ohio State Society some of the young men at Cleveland. We found Dr. D. H. Beckwith in a cheerful and happy frame of mind. Dr. J. C. Wood nicely installed in his new home in East Cleveland, with the country at his back door and the city at his front, a most charming location. Dr. H. F. Biggar full of enthusiasm for the cause and interesting as ever. Dr. Frank Kraft feeling good and preparing for the Institute, where we shall all be glad to see him. Not to mention Horner, Biggar, Jr., Bishop, Haines, Ibershoff, Nobles, Spencer, Baxter, Staples, W. H. Phillips, Roper and a lot more of the "old boys" of Cleveland. It is a good place to visit and a hard place to get away from.

They are a lot of fine fellows, those physicians of Cincinnati, from the old veteran, J. D. Buck, all down the line to the ever-youthful Walton. There is Phillips, who writes such interesting notes for the Century, and who can tell a story equal to his old teacher, Stewart, Meade, Wiggers, Geohegan, Geiser, Reed, Schell, Pauly, Crank and others. They would make a good Unanimous Club in themselves, for unanimity and harmony is the watchword down on the Ohio.

It was a pleasure to lunch with those two veteran teachers of Materia Medica, Drs. H. C. Allen and A. C. Cowperthwaite. They are the last of the old guard of homœopathic teachers.

The paper of Dr. G. E. Dienst, of Naperville, Illinois, entitled "My Reason for Not Studying the Materia Medica," was a masterpiece of gentle satire. Such papers should have a wide reading. We hoped to procure it for the Medical Century.

We have two of the interesting papers of the Illinois State Homœopathic Association in this issue, that of Dr. J. B. S. King and that of Dr. A. L. Blackwood. Both will be read with interest. We hope to have room for others next month.

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Messrs. Boericke & Tafel have in press a book which will be termed "The Lesser Writings of C. von Bœnninghausen," and which will include all the hitherto unpublished articles of that old veteran homœopath, and also those books of his which are now out of print. They will all be in one cover, and will be of very great value to every homœopathic physician.

May is the general month for the meetings of State Societies. The States of Ohio, Indiana, Kentucky, Kansas, Nebraska, Iowa, Minnesota, Wisconsin, Illinois and Michigan held their annual meetings in May. This is unfortunate, for as the Clinique points out somewhat of an interstate attendance is desirable, and so many meetings just before the Institute meeting lessen the enthusiasm for attendance upon that convention. We do not approve, however, of one society endeavoring to secure members from other States, as that works injury to those States, and demoralizes the plan of organization.

We are pleased to learn of the recovery of Dr. C. E. Sawyer, of Marion, Ohio, from a severe attack of neuritis. We hope to meet him at the Institute.

We received a very pleasant visit last month from Dr. M. O. Terry and his estimable wife. Dr. Terry spent some time in Michigan visiting our homœopathic institutions and some of the sanatoria of the State.

The graduating exercises of the Missouri Homœopathic College were held on April 18th. Eleven received the diploma. This is the 49th year of this college and it has always done good work.

The position of house physician in the Homœopathic Hospital of Montreal will be vacant July 1st. The remuneration is $200 a year with board and laundry. The experience is varied and valuable. Canada offers a splendid field for homœopathic physicians. Address, Dr. A. R. Griffith, 221 Peel Street, Montreal, Canada.

The allopaths and osteopaths and Christian scientists, vitopaths, organopaths and others of similar ilk combined to beat the Homœopaths of New York in their contention for the three board bill. We shall have to join the sect known as ward heelers and commence the fight again and we will win in the end. Lessons learned by experience are the best.

The press reports of the Michigan State Homœopathic Society meeting in Detroit were the poorest ever had in that State. Plenty of space, pictures, etc, was given to a Detroit medical college clinic, but scarcely two inches to the two days' session of this State society. Wonder if our energetic board of examiner members submitted to some of the secretary's wishes in this matter also?

IOWA ITEMS.

BY M. A. ROYAL, M. D., DES MOINES, IA.

The College of Homœopathic Medicine of the University of Iowa has started their annual proving of a drug. The college has enjoyed a most prosperous year having one of the best freshman class in years.

B. R. Johnson, M. D., Professor of Theory and Practice, has resigned from that chair, and his resignation accepted by the Board of Regents.

The hospital under the supervision of Alice I. Beatle, matron, has just closed a most successful year, in which a large surplus has been turned into its credit.

Prof. F. C. Titzell, who assumed the chair of surgery with the opening of the school year, has become a favorite with the profession through the State and with the student body.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, O.

Just now our local doctors are trying to get rested up from the work and excitement incident to the meeting of the Ohio Society held here May 14 and 15. We feel gloriously repaid for the work and expense, for it was not only a rousing, big, crackerjack meeting, but a record breaker for new members. Fifty—"count 'em"—being received into membership.

The next meeting will be held at Dayton, and we want to say, in passing, that the Dayton men are hustlers, and did themselves proud in sending in a big bunch of new members. Would that every city were as wide-awake as Dayton. It only shows what organization and persistence can do.

The new president, Dr. Jas. W. Overpeck, of Hamilton, is an old Pulte boy. "Nuf ced."

A distinguished lot of visitors graced the meeting with their presence and papers. Wilcox, of Buffalo; Hinsdale, of Ann Arbor; Dewey, Ann Arbor; Boger, Parkersburg; Stevens, Detroit, and Lenfestey, of Mt. Clemens.

It has been fifteen years since the society has met here. We trust it will not be so long the next time.

Dr. H. H. Wiggers has been to West Baden for rest and recuperation.

At present writing plans are being made for Pulte's commencement, which will be held at St. Paul's M. E. church, 7th and Smith streets, Tuesday evening, May 28th. Addresses will be made by our dean, C. E. Walton, Rev. Cole and Dr. Harry Blackford.

Dr. J. D. Buck read a beautiful little poem, "The Old Guard," after Dr. Beckwith had finished reading the necrologist's report to the State Society. It was one of those little sentiments right from the heart.

Ask Dr. Biggar to tell the wolf tail story, illustrating pre-natal influences, when you see him. It's a good one.

Our Drs. C. C. Meade and J. R. McLeary, deserve great credit for drumming up so many new members. It makes one almost heart-sick when he sees what can be done by honest, earnest effort, and oftimes what is not done for lack of interest. What might we not accomplish as Homœopaths if we would only do it. I fear that about the only excuse many of our school of medicine have for living is that they can make a mighty good living off of Homœopathy.

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Pulte College is up and striving for bigger and better things. She has already added to her list of trustees the names of three prominent bankers: C. A. Hinsh, H. H. Wiggers, Sr., and G. P. Griffith, Capt. E. R. Montfort, Cincinnati's post master, and a widely known G. A. R. man, and A. P. Henkel, a well known business man.

Also a new board of censors consisting of: Drs. C. O. Munns, Oxford, O.; J. W. Overpeck, Hamilton, O.; Harry Blackford, Middletown, O.; J. W. Blackburn, Dayton, O.; G. S. Hodson, Washington, C. H., O.; W. G. Blaine, Youngstown, O.; W. M. Merchant, Ironton, O.; J. W. Morris, Wheeling, W. Va.; F. C. Sawers, Pittsburg, Pa., with still others to follow.

Pulte's Hospital has been open all term, and has been practically self-supporting.

Dr. Chas. R. Buck has removed his residence to Evanston, one of the city's new thriving suburbs.

OBITUARY.

Dr. William H. Leonard,

Of Minneapolis, Minn., died on April 28th, at the age of 85 years. He was the oldest practicing physician in the city, and came to St. Anthony Falls in 1855. He served in the Civil War as surgeon, and was the first health officer of the city after the union of Minneapolis and St. Anthony. For twenty-five years he was a member of the State Board of Health, and was prominent in the establishment of the State Board of Charities and the State Lunacy Commission. He was three times president of the Minnesota State Homœopathic Institute. He was a graduate of Yale University and of the University of the City of New York.

Dr. Helene C. Byington.

Montrose, Cal., April 13, æt. 47. Boston University School of Medicine, 1896.

Dr. Jerome B. Lawrence.

Brooklyn, N. Y., April 11. New York Homœopathic Medical College, 1885.

Dr. Edward P. Miller.

Denver, Col., April 15, æt. 65. Hahnemann Medical College of Chicago, 1871.

Dr. G. Hamlin Anderson.

Seneca, Kan., April 9, æt. 46. Hahnemann Medical College, Chicago, 1886.

Dr. J. L. Blakeman.

New York Homœopathic College, 1899. New York, March 29.

Dr. A. T. Warner.

Of Waukesla, Wisconsin, died March 15th, æt. 91. He was the oldest Homœopath in the Middle West, having practiced since 1842.

Dr. Robert W. Martin.

Philadelphia, April 11th, æt. 65. Hahnemann College, Philadelphia, 1865. Dr. Martin was a veteran of the Civil War..

Dr. Frank P. Webster.

Norfolk, Va., April 26th, æt. 54. Hahnemann Medical College, Philadelphia, 1879.

Dr. James W. Ferguson.

Haslett, Mich., May 6th, æt. 58. Homœopathic Hospital College, Cleveland, 1876.

Dr. James O. H. Banks.

Pocopson, Pa., April 29th, æt. 79. Hahnemann Medical College, Philadelphia, 1873.

Dr. John Lafferty.

Columbus Grove, Ohio, April 11th, æt. 60. Homœopathic College, Cleveland, O., 1876.

Dr. Samuel G. Milner.

Detroit, Mich., May 2d, æt. 61. Homœopathic College University of Michigan, 1877.

Dr. Ira L. Forsee.

Louisville, Ky., May 2d, æt. 25. Chicago Homœopathic Medical College, 1904.

Dr. J. D. Chaffee.

Long Beach, Cal., May 2d. Hahnemann College of the Pacific, 1887.

Dr. James W. Cameron.

Salina, Kan., April 20th, æt. 60. Hahnemann Medical College, Chicago, 1878.

Dr. James H. Ferrell.

Marion, O., May 3d, æt. 55. Homœopathic Hospital College, Cleveland, O., 1885.

Dr. W. H. Kuntz.

New Castle, Del., May 4th, æt. 61. Chicago Homœopathic Medical College, 1888.

Dr. J. C. Sturgus.

Vaslon, Island, Wash., May 6th, æt. 48. Hahnemann Medical College, Philadelphia, 1883.

COMMENCEMENT EXERCISES OF THE NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The commencement and alumni day exercises of the New York Homœopathic College were held on May 16th. The day was opened by an address by the Dean, Dr. W. H. King, this was followed by a materia medica clinic by Dr. R. F. Rabe, wherein the use of the repertory was shown. Three cases were presented illustrating the methods of getting at the remedy by the use of Bœnninghausen, Kent and Knerr. Our reporter mentions this clinic as especially interesting and useful. A medical clinic by Dr. G. F. Laidlaw, which was a very large one, followed, and was chiefly devoted to liver and splenic enlargements and their diagnosis. The gynæcological clinic of Dr. G. F. Roberts, which followed, was of intense interest, and, of course, well presented, for there are no better than the doctor in the homœopathic school. The lunch that followed was enjoyed as only New Yorkers can enjoy a lunch.

The commencement exercises proper were held according to custom in the afternoon. After the Dean's address, Dr. George Royal, of Des Moines, Iowa, delivered the address to the graduating class; the degrees were conferred upon the class, numbering twenty-five, by Mr. Anson B. Flower; the candidates for hospital positions were announced by Dr. C. L. Bagg, and the prizes were awarded by the Dean. It will please our readers to learn that the first prize was awarded to Dr. J. B. Gregg Custis, Jr., of Washington, and the second to Dr.

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R. C. Eckardt. There was also an address by the Rev. H. A. Stimpson.

The banquet of the alumni association in the evening at the Waldorf-Astoria, was a brilliant affair, and was largely attended. The presiding officer was Dr. C. T. Adams, of Hackensack, N. J.; the toastmaster was Dr. L. L. Danforth, of New York. The after dinner speakers were Dr. R. S. Bickley, of the graduating class; Dr. W. H. King who made an eloquent and timely speech to the alumni, telling them some things, and the Revs. Stires and Carker and Professor Scorer, just what or whom or how the latter sored is not stated by our reporter sufficiently definite for us to state.

The following is the list of graduates:

E. L. Bestor, J. C. Bickley, R. S. Bickley, J. C. Bradner, C. R. Brown, J. F. Browne, O. J. Cane, J. B. G. Custis, Jr., J. E. Downey, R. C. Eckardt, A. B., C. C. Ferguson, E. L. Finch, M. D., B. Fox, W. L. Marrington, C. E. Harvey, C. F. Hastings, F. St. C. Hitchcock, C. W. Johnson, C. A. King, A. B., E. W. McAdam, F. R. Meeks, F. L. Mosser, C. W. Priestly, M. J. Stearns, J. L. White.

THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

The 57th annual commencement exercises of the Cleveland Homœopathic Medical College were held at the Euclid Avenue Baptist church, Wednesday evening, May 15th. Addresses were made by the President, Dr. G. J. Jones, the Dean, Dr. Geo. H. Quay, and Rev. Finley Kennedy.

The names of the graduates are as follows: Harvey S. Albertson, J. Mary Allen, Jos. W. Allen, W. Le Roy Bonnell, Harry M. Gangloff, Louis C. Kintzler, Charles A. Ley, F. Le Roy Nape, Oscar O. Sink, Wm. Starrett.

The annual banquet given by the faculty to the graduating class and their friends was held at the Hollenden Hotel, Tuesday evening, May 14th. Eighty persons were present, and the following responded to toasts, Prof. E. O. Adams acting as toastmaster: Mr. J. W. Stenger, Mr. F. C. Rounds, Mrs. S. W. Friend, Mr. Harvey S. Albertson, Prof. W. A. Phillips, Hon. Harvey A. Goulder, Dr. G. J. Jones and Dr. Geo. H. Quay.

The year just closed has been an especially successful one, not so much in point of numbers as in the character of the student body and of the work done. According to the information at hand, there will be a much larger class next year than any at present in attendance. K.

LOCATIONS.

South Dakota produced more wealth per capita in 1906 than any other State in the Union.

Four-fifths of the homes in the State are owned by the occupants, and two-thirds of these are free from incumbrance.

No State is better equipped with educational facilities. We have a State University, a State Agricultural College, four State Normal Schools, ten denominational colleges, of which the Methodists have two, Congregationalists two, Scandinavian Lutherans two, Presbyterians one, Baptists one, Episcopalians one, and Mennonites one. The Catholics maintain at least five well equipped academies.

The State institutions, including also the penitentiary, reform school, insane asylum, etc., are all built and paid for.

Population chiefly American. The foreign born are North of Europe immigrants. Last census (July 1, 1905) gave (exclusive of Indians and whites on the reservations and soldiers at Fort Mead) but six to the square mile. But the last two years an immense immigration has poured into the State, particularly to the country of free homesteads west of the Missouri river.

There are but fifty homœopathic physicians in the State. About one to every 10,000 inhabitants.

The Black Hills in the western part of the State, said to be the richest one hundred square miles on earth, has one city of 8,000, one of 4,000, one of 3,000, one of 2,000, and three of over 1,000, without a Homœopath.

In the eastern portion of the State there are thirteen towns of 1,000 to 2,000, thirty-two of 500 to 1,000, seventy-one of 200 to 500, without a Homœopath, and many towns of 200 or less without any physician.

There are thirty-four counties, aside from the Indian reservations, without a Homœopath. Every county would support at least one.

"It is a goodly land." "Come over and possess it."

South Dakota is essentially an agricultural State, and in any location the practice would be largely from the country. In some locations there would be long drives.

We have a medical law and a State board of medical examiners. On the board are two Homœopaths to give examinations in homœopathic branches. There is absolutely no partisanship shown by any member of the board.

License is obtained by examination. The board reciprocates examinations with Minnesota, Wisconsin and Iowa only.

For information relative to the law and examinations address Dr. H. E. McNutt, Secretary, Aberdeen.

Information regarding locations will be cheerfully given by Dr. Wm. Lowe, President Madison, or Dr. A. Beil, Secretary Selby, or by the writer at Vermillion.

Next examination will begin Wednesday, July 10, 1907.

A. A. Cotton.

THE HOMŒOPATH'S SOLILOQUY.

Somewhat After Hamlet.

BY J. P. RAND, M. D., WORCESTER, MASS.

To amalgamate, or not to amalgamate, that is the question;

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Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous ostracism,
Which we have long endured, or accept the honeyed
Solicitations of the seductive Allopath,
And by accepting, end them. To amalgamate, to affiliate,
No more, and by affiliation to say we end the ridicule
And countless petty slights of jealous confreres,
'Tis a consummation devoutly to be wished! To amalgamate, to affiliate;
To affiliate! perchance be taken in. Aye, there's the rub;
For once within the Allopathic Trust, what voice have we
For our surrendered rights, must give us pause;
There's the respect that makes sectarianism of so long life,
For who would bear the arrogance of professional "heelers,"
The braggart's boast, the scoffer's jibe, the layman's contumely,
The pangs of a despised sect, its law denied;
The insolence of office and the taunts our worthy patients
If the untutored take, when he himself
Sure armistice might make by recantation.
Who would struggle on to keep alive an unesteemed School,
But that the thought of persecutions past,
That kindred thought of obsequies ahead,
Puzzles the will and makes us rather choose an humble state
Than pledge allegiance to, we know not what.
Thus Caution does make skeptics of us all,
And thus the fairy tales of bliss millennial
Are sicklied o'er with sacrificial fears,
And deep designs for legislative deals;
With this regard our thoughts are turned awry,
And like a fool with double vision vexed,
Two "paths" we see and know not which to follow.

The Library.

BOOK REVIEWS.

A Treatise on the Practice of Medicine.

For Practitioners and Students. By Arthur R. Edwards, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Northwestern University Medical School, Chicago. Octavo, 1328 pages, with 101 engravings and 19 plates. Cloth, $5.50, net; leather, $6.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This is a new work in the field of practice and from an author who has occupied such an important position in the medical teaching world we should expect something good, and we are not disappointed. It is a thoroughly systematized work and this in itself is a great aid to the usefulness of a book. There are a number of useful tables of differential diagnosis in it which are most helpful. The important part to us as homœopathic physicians is the progress made in the treatment of disease. We are disappointed in finding the same old methods of therapy of fifty years ago, the same indiscriminate use of quinine and the other two specifics of the allopathic school. We are, therefore, not surprised at the statement that the mortality in Pneumonia in private practice is from 10 to 33 per cent., in hospital practice 33 to 50 per cent. and in asylums 50 to 100 per cent. When we consider that the average mortality in pneumonia under homœpathic treatment is under 6 per cent. taking the combined statistics of private practice, hospital practice and asylums, we wonder that allopathy is not restrained by law from treating this disease. This volume is nevertheless a useful one for any library. The chapters on nervous diseases are especially valuable.

International Hahnemannian Association.

Proceedings of the twenty-seventh annual session. Atlantic City, September, 1906. Price, $2.25. To be obtained of the secretary, Dr. J. B. S. King, Chicago, Ill.

Like all of the preceding volumes of this society, this one contains valuable papers and interesting and instructive discussions. The Association of our Hahnemannian friends is one of exceeding usefulness and though we have advocated that it unite with the Institute on the theory that in union there is strength, we have had this theory sadly shaken in the past few years. Union has not been strength in the coming together of the two great Chicago colleges nor in the two Cleveland colleges, neither are graduating half the number that they did before union. This association is doing good work and it perhaps has greater yet to do. We may be all glad to join it yet.

American Institute of Homœopathy Transactions.

The second volume of the transactions followed close upon the first, and contains the papers read before the affiliated bodies, and as a volume is of great value. It has 525 pages, while the main volume contains 975 pages, making a sum of 1,500 pages. This volume contains the transactions in part of the O., O. and L. Society. While strictly speaking this does not belong to the Institute, nor should the Institute be at the expense of publishing the same, we appreciate the kindness of the officers of the O., O. and L. in permitting the issuing with the transactions of much valuable material. President Garrison's address and the Materia Medica Symposium will be read by the Institute members with interest. The excellence of this volume is also due to the painstaking work of the secretary pro tem., Dr. J. Richey Horner. He has driven another nail into the tabled institute journal, and one that will clinch itself on the under side so firmly that even the resurrection of the dead journal committee won't be able to draw it out.

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Neurology.

INFLUENZA—ITS ETIOLOGICAL RELATION TO DISEASES OF THE NERVOUS SYSTEM.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, O.

The history of influenza is the history of severe epidemics or pandemics occurring at intervals, which have been very long but usually are short. The disease dates from the 12th century, and has been recognized as a universal malady affecting all classes and all ages, though the very young and the aged appear to be less liable to it. As illustrating its prevalence it may be said that during the 700 years preceding 1874 it was noted as an epidemic or pandemic, some eighty-six times. It appeared in the United States in Masschusetts, in 1627, and since then we have had twenty-two epidemics. During this long period of observation it was noted that there were times when for forty to 100 years no cases appeared, while at other times it appeared every year or every few years. This latter condition seems to have prevailed since 1890, during which year a most severe epidemic persisted. From that date it has occurred about eleven times in epidemic form.

It is conceded to be an extremely contagious disease, and it is not surprising that it should spread over large territories, when one considers the vast amount of traveling done and the fact that thousands use sleeping cars, where there is but little sanitary care taken. While it is known that it is one of the most highly contagious and virulent of acute specific disorders, it is a most inexplicable fact that practically no precautions are used to prevent its spread. As a matter of fact such precautions should be as stringent as those used to prevent the spread of cholera. It is surprising, too, that this can be said in the day when every energy is being put forth to prevent rather than to cure disease, or, to state it in a better form, to prevent the occurrence of disease rather than to permit the system to undergo its ravages. Just when sanitary authorities will wake up to the fact that stringent laws are necessary in this disease as well as in diphtheria, scarlet fever etc., is hard to tell, but the sooner they do the sooner will the prevalence of the disease be controlled and its direful results be prevented.

This is the age of the laboratory, and what cannot be proven by laboratory methods is open to doubt. While it is still, and for years to come will be true, that medicine is not a completed science, as Dr. Walton so aptly put it in his Congress address last year, it is also true that the technique of the laboratory is being brought to such a degree of perfection as to make its results more and more exact as the years go by. So it is to the laboratory that we turn to learn the nature of influenza, and, if possible, its cause. We learn that it is a disease caused by a germ, whose presence has been definitely demonstrated. Despite the fact that the disease has been known to be prevalent for 800 years, the agent in its causation was not known until about fifteen years ago. In 1892 R. Pfeiffer isolated what he called bacterium influenza, what is now generally known as the bacillus of Pfeiffer. Later, Auerbach demonstrated its presence thirty-eight times in 700 cultures. Pfeiffer describes it as a very small, slender, non-spore forming, non-motil, aerobic bacillus occurring singly and in pairs joined end to end, developing at 26° C. to 40° C., optimum being 37° C. It develops in artificial culture media to which blood has been added.

From the fact that it is destroyed in from two to three hours by rapid drying, or in eight to twenty-four hours when more slowly dried and that the organism dies in water in a little over a day, Pfeiffer believes that the disease is disseminated not in air or water but by direct infection from catarrhal secretions.

It Is an interesting fact that influenza was a forgotten disease in 1890, when a widespread and violent epidemic occurred, spreading over almost the entire world. It is noteworthy also that it was just at his time that a more careful study of diseases of the nervous system was being made and their diagostication became more possible. This, maybe, is one reason why almost every case of nervous disease was ascribed to influenza when, as a matter of fact, it can be shown that only a very few such diseases are really due to the bacillus or its toxins. We must be clearly understood as drawing a definite line between diseases caused by the bacillus and its toxins and those resulting from a lowered state of resistance, such as may follow not alone influenza, but any disease of such deep reaching character.

With this line drawn, we may say that we quite concur in the decision of a late writer, that only three diseases may be directly and definitely the result of infection by Pfeiffer's bacillus or its toxins, and these are of quite infrequent occurrence. They are meningitis, encephalitis and myelitis; of these

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meningitis occurs most frequently, either co-incidently with the disease syndrome or immediately as a sequel; a distinction must be made, however, between the symptoms occurring in the nervous form of the disease and those which are a result of an actual inflammation of the meninges. It may be worthy of note here that there is a distinct form of the disease which presents what may be termed catarrhal symptoms and another whose manifestations are indicative of a disturbance of the nervous system. Hence we are justified in noting that an actual meningitis cannot be said to exist when merely the nervous phenmoena of the disease predominate.

A definite and positive diagnosis can and must be made of the presence of the bacillus. "Since the utilization of spinal puncture and examination of spinal fluid as a routine diagnostic measure, many cases of influenzal meningitis have been recognized. Before that time the bacillus of Pfeiffer had been found in the exudate of certain cases of meningitis. In many cases it occurs accompanied with other organisms." Recently a case has been reported where a bacillus was demonstrated in the cerebro-spinal fluid obtained by a lumbar puncture, the fluid showing many such bacilli situated both intra- and extra-cellularly, of the shape and size of Pfeiffer's organism. After death a similar bacillus was found in the meningeal exudate. This case taken in conjunction with those reported by other observers adequately proves that meningitis may result from this bacillus. Furthermore, such cases are fatal. We mean that when the bacillus is found in the cerebro-spinal fluid, the prognosis is absolutely bad, and, conversely, where a diagnosis of meningitis due to the Pfeiffer bacillus has been made and the patient recovered the diagnosis has been incorrect, to this extent, that the active cause of the meningitis has been not the bacillus but the toxins derived from the bacillus.

By encephalitis is meant a localized inflammation in the cortex of the brain. This is hæmorrhagic and non-purulent. Its cause has been demonstrated to be the bacillus of Pfeiffer. It is not of frequent occurrence, one observer having diagnosticated it fourteen times out of 1,532 patients presenting. Its symptoms are like those of meningitis, though unlike this disease it terminates in recovery in a good share of the cases. It may show localizing symptoms when a highly specialized portion of the brain, such as the Rolandic area, speech area, cuneus, etc., is affected. In these cases the cerebro-spinal fluid does not reveal the organism. One author notes the occurrence of what he terms polioencephalitis superior and inferior, a condition in which the toxic process has invaded the gray matter within the brain, extending, perhaps, to the nerve nuclei on the floor of the fourth ventricle.

The following case quoted may serve to illustrate the effect produced by this infection on the cerebellar cortex:

"Four weeks after the beginning of the influenza the patient complained of weakness of the right leg, tenderness of the calf muscles and, later, pain and weakness of the right arm. Two months later both legs were weak and his gait unsteady. At this time he complained mostly of vertigo and headache. shortly afterward the right eye went into a state of convergent strabismus, and examination showed that it could not be moved out of that position. The right facial nerve was weaker than the left; there was intention tremor of the right hand, and the tendon jerks were much exaggerated. The patient recovered completely after six months. The ocular palsy and nystagmus, the tremor of the hands and feet, the exaggerated reflexes and ankle-clonus, all point to its being an inflammation of the cerebellum."

Myelitis is noted as a direct sequel of influenza. The picture very closely resembles the clinical symptoms of Landry's paralysis, when the motor tracts are involved. It may occur also as a transverse or as a disseminated inflammation. Here, too, in contra-distinction to the usual history of the disease, recovery is frequently the outcome. In other cases there is a partial recovery. In some instances a spastic condition results.

Coming now to the more general conditions which follow influenza, we find that with the development of epidemics, the nervous system has borne the brunt of the attacks, as noted above, the nervous form predominating. So frequently is this the fact that it has been suggested that the Pfeiffer bacillus, like the Klebs-Loeffler, has some specific affinity for the nervous system. This is not always recognized early; in fact, many cases not being diagnosticated as influenza until a period of depression leads to an investigation which reveals the recent presence of symptoms warranting a diagnosis of influenza. Many times was this occurrence noted before the discovery of the true nature of the causative factor.

We acknowledge it to be something of a difficult task to differentiate between conditions of the nervous system resulting from toxins produced by the Pfeiffer bacillus and those resulting from a lowered vitality and decreased power of resistance. We shall not attempt to make a definite classification but shall be content with saying that there are diseases which result simply from this depraved condition of the physical organism and there are others which require in addition to this condition a something else, that being the toxin resulting from the presence in the organism of the bacillus of Pfeiffer. Here, too, must be recognized the fact that all cases labeled grippe are not so. True it is that "grippe covers a multitude of sins in diagnosis," but in the cases of true grippe, where the bacillus can be demonstrated, there is developed a toxin in which is a most intense nerve poison and which has its most pronounced effect in producing functional disturbances almost immediately after the cessation of the influenzal attack. Remote effects cannot be regarded as specific consequences. It is well to be extremely guarded in ascribing either organic nervous diseases or late appearing diseases to the influenzal bacillus.

Possibly the most frequent as well as the most distressing sequelæ of grippe are insomnia and headache; the philosophy of this may be readily

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understood when we consider the profound influence which certain toxins have upon blood vessels, thus causing a decided alteration of blood pressure. It is not necessary that there should be any change in the meninges or cortex in order that this condition may follow, the alteration of the blood pressure will explain it. The more positive can we be of this fact when we consider that therapeutic measures directed towards circulatory disturbances generally relieve it.

Directly we are upon a consideration of the disordered mental states following the disease, for insomnia is a premonitory factor in nearly every condition where the mental processes are at fault. Sometimes this perturbed mentality is simply a continuance of a condition which devloped during the disease. It may manifest itself in a condition of neurasthenia or psychasthenia. This mental and physical weakness may be out of all proportion to its etiological factor, as noted above. It is not the same, nor is it as easily dissipated as a somewhat similar condition found following almost any of the deep-seated and continuous diseases. In fact, it may progress or develop into a pronounced abnormal mentality requiring restraint.

The most frequent developing mental aberration is melancholia, or, more properly, hypochondriasis. It is a true toxic insanity with a tendency toward recovery. Nor is it necessary, as some authors claim, that the patient should have an "insanity taint" or "condition" in order that he may develop the mental symptoms. "Neuropathic consequences do not require neuropathic stock upon which to engraft themselves." This mental disturbance is most frequently in the form of an acute halucinatory confusion or agitative melancholia, resulting in definite dellusions, oftentimes with suicidal tendencies. Fortunately it is of quite short duration, usually, resulting in recovery in from two to six weeks, while the stuporous states run from eight to ten weks.

There is, however, still in these sequelæ the same disastrous lack of appreciation of the present seriousness of the condition and the consequent serious results which may take place before recovery is possible. One of these is suicide, as a result of the overpowering depression. Noteworthy is the fact that during the pandemic of 1889 and 1890 suicides increased 25 per cent. The increase of suicides during the influenuza decade, from 1891 to 1900, was 49.4 per cent. in New York, and 41.4 per cent. in Chicago, as against 116.3 per cent. in New York and 29.3 per cent. in Chicago in the two decades, 1871 to 1890, when the country was comparatively free of the disease.

It is thought that the impulse to suicidal acts in these conditions of depression is due to a loss of the instinct of self-preservation. Normally all the forces of organic life are conservative in their tendency. When there is any failure or impairment in their action as a result of any morbid process there is a lessening of this conservative tendency. So the melancholic, feeling the loss of his power of resistance, that he no longer needs anything, that his intellectual activity is diminished, loses his normal emotional status and becomes the victim of simple involuntary action. One observer notes that there is a profound change in the sensory and perceptive organs, that the act itself it unattended by pain. He cites a case in which the patient was so astonished and puzzled because she neither at the time nor afterwards felt any pain from the injuries caused by a very determined attempt at suicide that she actually made a second attempt in order to see "whether she had recovered her sensibility."

We must not be understood as advancing the claim that this "true toxic insanity," as we have called it, is due to the direct effect of the bacillus of Pfeiffer. It is due rather to the effects of the toxins generated by the bacillus, their effect being to so vitiate the system as to reduce the resisting power. The same condition may result from other microorganisms. Added to this is the fact, that the disease was not recognized as being so baneful in its effects, and precautions were not taken, as has been before noted.

And this may be said of practically all of what have been termed post-influenzal insanities. While they are sequelæ of the disease they are not in the true sense of the word due absolutely to the same individual cause. The bacillus has never been found in any case.

A summary of these conditions made gives about the following results: Males and females about equally liable, melancholia is nearly twice as frequent as all other forms of insanity put together. Insanity may come on at any time up to eighteen months after the attack of influenza. About 50 per cent. fully recover, 25 per cent. die of some organic disease, the balance persist as chronic insane. There is a pronounced tendency to relapse.

A simple enumeration of neurotic conditions which have been claimed by observers to have been post-influenzal may be of interest; lack of time and space does not permit of their consideration.

Loss of power, of smell and taste has followed. This lasts up to a year after the disease. The loss of smell being more prominent it is probable that the loss of flavors and taste of food is due to a disease of the olfactory nerve. Epilepsy, probably secondary to the encephalitis, is another sequel. Various hyperæsthesias, anæsthetics and paraæsthesias have been noted. Hysteria, some cardiac nerve disorders, as irregularity, bradycardia, tachycardia and angia pectoris, aural vertigo, disturbance of the oculo-motor masculature are some more of the conditions. One observer noted two very interesting cases, one of hemiplegia. the arm and hand being affected more than the leg. After a few days the weakness began to recede, and in two or three weeks a normal condition presented. Another patient was disturbed by an anæsthesia of the left cheek and lips, which gradually disappeared. Shortly afterwards he was again attacked, quite severely, with influenza. Two or three weeks later the same anæsthesia appeared and again slowly and harmlessly went away. In another patient, a boy of five years, ptosis appeared, gradually becoming almost complete. The pupils became unequal, one

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of them dilated and insensible to light; no other symptom presented, and the palsies gradually cleared up, disappearing completely in the course of a few months.

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A FEW CASES OF NEURITIS.

BY JAS. W. OVERPECK, M. D., HAMILTON, O.

In presenting these cases I shall speak as much of the origin or causes of the disease as of the treatment, for the reason that the cause in one or two of the cases is rather obscure. Yet I have observed that obscurity of cause is not always the greatest hindrance in the treatment. For of the cases I shall mention, the one in which the cause was least understood, is the one in which the treatment was most successful.

I shall mention, first, a case of multiple neuritis in a child thirteen months of age. The mother noticed first that the child was nervous and easily startled, and that it did not use its left arm. This semi-paralytic condition soon occurred in the left leg, and a few days later in the right leg. Paralysis was more marked in the forearm and hand and the leg and foot than in the upper portion of the limbs.

At the end of the first week, upon touching or moving the parts, there was very great pain, so great that the child would cry bitterly upon the approach of any person. These painful and paralytic symptoms were worse for two weeks or more in the arm, when they subsided somewhat, and the legs became worse. After a time the legs grew better and the trouble came in the arm again. Still later it returned to the legs again.

About the fourth week petechiæ appeared over the limbs, back and most of the body, simulating that of purpura, excepting that the ecchymosed spots were smaller. This faded away after a week or two, into a light rusty color, and disappeared after three or four weeks. I have not found this mentioned in connection with neuritis in any of the works that I have examined.

After some six weeks the child showed a considerable loss of flesh and the muscles seemed somewhat shrunken; but by this time the disease was on the decline.

As to the cause of this attack we could not get satisfactory evidence. The mother was inclined to be somewhat neurotic, and since, on two previous occasions, parturition had been extremely difficult and painful, she had such fear of another such an ordeal, that by the time the end of the period came and the birth of this child, she had worried herself into a very bad neurasthenic condition.

That this state of the mother's health could be a very important factor in the case it would be hard to believe, and yet it might be among the remote causes.

It is said that some toxic substances or condition must be present in neuritis, and it is possible that there was some auto-intoxication that could not be, or was not, discovered. Sufficient urine could not be obtained to make a test, so there seemed no way of getting accurate satisfactory knowledge.

In the treatment, during the first two weeks, the principal remedies given were Borax, Belladonna and Coffea.

One of the earliest symptoms was that of extreme sensitiveness to sounds. Whether awake or asleep a sudden noise would cause the patient to start and cry as if frightened or hurt. Startings in her sleep at times showed that there must have been sudden acute pains in some of the nerves.

But a little later, the great pain upon touch, the agonizing dread of the approach of any person, and the petechia which developed, with some other minor symptoms, pointed out a remedy which, I think, did a wonderful amount of good in the way of ameliorating the sufferings and in curing the disease. Arnica in varying potency was given most of the time after the third week. In fact, it was prescribed at the very beginning for a short time, but then these symptoms so characteristic of the drug, were not so prominent.

Some of these symptoms would indicate that the neuritis was caused by a fall or some other injury. But the history of the case did not show it.

At the end of three months the child was well. And during the year and a half that has elapsed since its recovery it has had almost perfect health.

Three things connected with this case are somewhat out of the ordinary. These are: The age of the patient, the ecchymoses, and the fact that the right arm was not involved.

I wish to speak very briefly of a few cases arising from different causes.

The first was a case of mammary cancer of long standing. The case had been treated by internal

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medicine, and after three years or more was pronounced cured by a prominent physician of New York City. But some months later the disease began again to manifest itself, not so much locally as in a general systemic involvement, and for eight or ten weeks the woman suffered with an attack of neuritis which was only terminated by the death of the patient.

This case exhibited most or all of the characteristics of a true case of multiple neuritis, involving the peripheral nerves. Exaggeration of reflexes at first, large hyperæsthetic areas, and later smaller areas of anæsthesia, were present; and while the whole system seemed to be affected, the pains and sensitiveness were more intensified about the shoulders and neck, some points in the back and in the lower limbs.

In another case of cancer, supposed to have originated in the right ovary, and finally extending to and into the whole of the contents of the pelvis, neuritis developed about four months before death.

At first the pains had more of a neuralgic character, and the larger nerve trunks seemed to be affected. But later the peripheral nerves over the lower surface of the abdomen and over the hip, the back and the thigh, were involved. The suffering in this case was very great indeed, and during the last two months or more the patient was kept constantly under the influence of a narcotic. I mention these two cases more particularly because in none of the books do I find neuritis mentioned, either as caused by, or as a complication in, cancer.

I am treating at the present time a typical case of neuritis in complication with so-called rheumatism. The patient is a woman about fifty-five years of age, who has suffered with arthritis deformans for twenty-one years, and much of that time has suffered intensely. This is about as bad a combination as one could imagine, as far as pains are concerned, and they are proving almost more than the woman can bear. Although Argentum, Cannabis Indica, Arsenicum, and one or two other medicines have given some relief, both the patient and the doctor would be very grateful for any suggestion that would help us. There are, no doubt, degenerative changes going on in the system. Fibrosis in the circulatory system and in some of the organs and tissues is most likely present. I should have stated earlier that the father of this patient was a victim of locomotor ataxia.

DEMENTIA PRAECOX.

BY BENJ. F. BAILEY, M. D., LINCOLN, NEB.

[Read before Missouri Institute of Homœopathy, April 25, 1907.]

Upon being requested by your chairman to prepare a paper for the neurological section I was impelled to write upon this subject because of the alarming number of cases that seem to be presenting themselves even to the extent of possibly 20 per cent. of the cases of insanity admitted to the average public institution, and owing to the fact that these cases have seemed to me to belong to those that might perhaps be rescued if recognized on the borderland. Until described by Hahlman, Neisser, Krapelin and Wevel, they were classed with the dementias and manias according to which way the trend seemed most to be.

Nomenclature does not necessarily mean very much, but in no place has it been more important than in this case where a condition was assigned to a correct etiology, and then its nomenclature directed the attention of the profession to it so strongly that to err was almost impossible.

The after treatment of these cases might probably be about the same under the old understanding as under the present, but unfortunately the treatment at that stage of the disease is of comparatively little importance. Asking that these statements be borne in mind we will consider these conditions somewhat in detail and then revert to these preliminary hypotheses to see if it is natural to believe that they have been proven. The disease has been described under the name hebephrenia, from the Greek words meaning puberty and mind. This name was given to it I believe by Kahlbaum, and referred to the fact, which is a truth, that the disease is one which appears during developmental years, namely, between the years of fourteen and thirty, usually between fourteen and twenty-five. It is a disease that though it may have intermissions certainly unless checked very early makes steady progress downward to complete dementia.

It is very apt to appear in young people who have been very precocious. It only furnishes so far as present statistics go, a very moderate history of heredity. The patients themselves probably notice among the first indications a lack of power of attention of concentration. Physically, a loss of strength and desire for effort. They lose self-reliance, and are inclined to lean on friends. Yet the support of friends, their urging to renewed endeavor, the patient's resultant consciousness of inability to "make good" reacts upon the patient, and he is inclined to become more weakened mentally and physically, and have added to the melancholy a frequently marked irritability. Rest, recuperation, treatment, etc., may bring at any of these early days a remission with the delusive belief on the part of friends and physicians that recovery is taking place. These hopes are usually soon dashed to the ground by a further progress of the general enfeeblement, even going from the point of simple mental enfeeblement to a complete stupor or cataleptic state. In the early stages which I have described, there may be a frequent and marked abulimia or loss of will, a failure in orientation or one's own attitude to one environment, a loss of initiative, hallucinations and delusions tending perhaps to self-culpability or again of a persecutory nature and often interspersed with sudden unexplainable bursts of anger, to be followed by penitence, but not often of a very deep degree.

At times cases may be taken with an irresistible desire to walk and wander, and may walk for hours until exhausted, apparently, without reason and

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without aim, but impelled by the very restlessness of spirit. These cases are occasionally but rarely suicidal, but in their persecutory moods and in their sudden and unexplained anger may become homicidal. In the stuporous state which sometimes ensues there may be an absolute relaxation or a notable muscular rigidity or condition, katatonia, as described by Kraepelin. The stupor may be so complete as to lie motionless in a dorsal position in bed without attention to the calls of nature, or they may remain standing in all sorts of peculiar postural states perhaps for hours maintaining any peculiar position in which they may be placed. If I may be permitted the term, the cataleptic attitudes become often statuesque in character. Such subjects will sometimes go for days without speaking, often cases will have times of being most annoying by their verbigeration. It is a subject upon which the descriptive might last almost indefinitely, its phases and peculiarities are so numerous and varied, but I must not permit myself to trespass too extensively upon your time. I must not, however, fail to mention a negativeness or resistance which is often long continued and very trying to those caring for the patient. Steadman says that "It is evident that dementia praecox is a transition disease between the functional paranoia, manic-depressive insanity, etc., on the one hand, and the seated (because structural) form dementia paralytica on the other." Pathologically, the cortex seems affected but not so deeply as in dementia paralytica, whereas in the first mentioned or functional diseases organic change has not been demonstrated. The natural result as indicated by pathological study is that dementia paralytica always eventuates in death, while dementia praecox eventuates in a more or less complete dementia, but from a lack of depth of organic change does not usually result in death except from incidental causes such as the human race is subject to, while paranoia and manic-depressive insanity may live to an indefinite age with comparatively little loss of vital force.

It is interesting and profitable to consider the differential diagnosis dementia paralytica and dementia praecox. Dementia paralytica is an acquired disease, organic, general and progressive in character with continuous mental enfeeblement in the early stage, has lack of concentration, easily fatigued, mentality early impaired, memory and impaired morality. We have both mental and physical involvement, and may have later dementia, manic melancholia, stupor, confusion of mind and paranoic symptoms and physically tremor, especially of the face and speech, muscular inco-ordination, the Argyll-Robertson pupil changes in sensation, convulsions, and sometimes spinal lesions with loss of reflexes. Remissions are not complete, and not long in duration; result always fatal preceded by persistent failure of the mind and vitality.

Dementia praecox at first shows a functional but progressive, mental enfeeblement, usually acquired, but may be inherited, has in its early stages failure of concentration, easily fatigued mind, but not especial impairment of memory or moral sense until a later stage, often shows a combination of mental and physical symptoms with a mingling in varied cases of dementia, mania, melancholia, stupor, lack of concentration and paranoic conditions. Physical symptoms frequently marked and frequently almost absent for a long time, or may be catatonic, rigidity, postural movements, peculiarities of gait, chorea, catalepsy, loss of sensory evidence, vasomotor disturbances. Remissions that are generally imperfect and short of duration, but may be quite complete and protracted. The course is rarely fatal, but permanent impairment of mind invariable. We must also differentiate in the early stages neurasthenia. Neurasthenia has, as you will remember, a protean symptomatology with frequently imaginary loss of memory and functional loss of attention or concentration, but a close watching of the case shows no real loss of memory or of attention, which is sufficiently pronounced to have its origin in the cortex, in short, it looks, upon close observance, all evidence of a truly approaching and progressing dementia. A careful diagnosis is necessary both for reasons of prognosis and treatment.

And now we approach the subject of etiology, which is most interesting and permits of rather wide, perhaps, I may say, philosophical, reasoning. We must remember that this form of insanity has also been called developmental insanity, as it is assumed that it obtains during the developmental stage of life. This stage of life, however, is uncertain in its length, and the age of maturity differs materially in different individuals, and this is especially true as to the sexual sphere which, in its awakening, has undoubtedly a great bearing upon the tension of the human system. Let me be understood that I do not believe that, as a rule, masturbation or conscious sexual excitement is often the cause of this condition, but that masturbation is more frequently a result than a cause of this and other insanities, and that unconscious sexual tension renders unfit for great strains, either physical or mental, during the developmental stage of life. That in addition to this we have reason to note that the normal development of the nervous system and especially the brain does not reach its full fruition much under the age of thirty. This being true, like the humble plant of the vegetable world, it cannot resist the winds and storms and cold and heat which will leave the gnarled old oak as strong as ever. I believe it is a recognized fact that the present trend is to early debut, socially, a crowded school course which is obliged to treat children of a given age as a class and not as individuals with unequal physical and mental powers. Early entry into the business world with long hours of work, financial strain and often much social life is common. These are the conditions of etiology which render acquirement of this disease possible if not oftimes probable. The authoritative writers of the present day are not inclined to attribute heredity as a very great factor in the development of this disease, but the question forces itself, Do we consider heredity in a wide enough sense? I do not

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believe that because a case of dementia praecox presnts itself without the history of insanity in the family that this gives a quietus to the question of inheritance.

Whenever we find a father or mother or both who have been subject to excessive tension or unnatural gratification or use of sexual powers, who present a history of mal-nutrition, or who have led a life of exhausting luxury and social dissipation, or, on the other hand, of mental or physical self-denial to a point of starvation of their best possibilities of physical or mental development, and the child of such a union develops a case of dementia praecox, I believe it may be a case of inheritance, i. e., it is acquired because of a lack of inherited power to resist the strains and storms of life. These strains and storms of life may consist of too great demands in school life or in business life, of sexual irregularities, either of self-denial or excess, of the exhaustion left from disease or from insufficient care, clothing or nutriment, and even perchance some mortification, disappointment or grief. I remember one case resultant from scarlet fever, another from mortification, another from disappointment, another from fear, another from dissipation, and another from inheritance and scare.

This brings us back to the hypothesis at the beginning of this paper that the recognition of the cause of the disease and an early diagnosis offers the sole hope for a successful staying of the malady. Unquestionably the beginning of the trouble is functional to be followed by degeneration unless speedily checked.

The history of these cases shows that from the incipiency of life the whole course has been one to develop and foster a non-resistant being, hence the first thing necessary is to remove the patient from the past surroundings and under new environment and hygienic conditions bend every effort to a restoration of mental and physical powers.

If the case is in its very incipiency a possible cure may result, if later, a restoration to normal mental strength is impossible, but it is possible to restore some of these cases to a good physical condition and to a mental condition that might be considered normal did we not know the previous mental standard, but which is really a mentality of a little lower plane than the patient originally possessed, but which nevertheless may be safe, self-supporting and a comfort to those about him. The possibilities together with the evident increase of this form of insanity throw upon our profession a responsibility which should render us acute in our inspection of cases, strong in our insistence upon change of environment and conscientious in our public duties looking to the bettering of conditions which shall favor better development and less tension in the human race.

Surgical Diagnosis.

By Daniel N. Eisendrath, M. D., Adjunct Professor of Surgery in the Medical Department of the University of Illinois (College of Physicians and Surgeons). Octavo of 775 pages, with 482 original illustrations, 15 in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $6.50, net; half morocco, $8.00, net.

Works on surgical diagnosis are useful in all schools of medicine. It is probable that, comparatively speaking, closer attention is given to this subject in the homœopathic school than the allopathic. We are less eager, it would seem, to operate, and hence more careful in diagnosis. The work before us is one that will be welcomed by physician of all schools, and one that everyone, whether he be a surgeon or a physician, should possess. It is finely issued, well illustrated, and like all of Saunders' publications, perfect.

Gynaecology.

DIAGNOSIS AND TREATMENT OF EXTRA UTERINE PREGNANCY.

BY J. J. THOMPSON, M. D., CHICAGO, ILL.

Many physicians during a long and active family practice have never come across a case of extra-uterine pregnancy. Others will meet with several cases in a short period of time. Dr. Lamden, of this city, had five cases within six months, all positively diagnosed by operations. Formad claims to have thirty-five cases of tubal pregnancy in 3,500 general autopsies. This, as will be seen, gives a percentage of 1 per cent., which, according to Dudley, is probably the largest percentage recorded.

Undoubtedly ruptured tubal pregnancy is responsible for most cases of pelvic hematocele. It is now generally conceded that all cases of extra-uterine pregnancy or ectopic gestation begin as a tubal pregnancy. The terms abdominal and ovarian gestation are, therefore, misnomers when applied to the original seat of the gestation sack, and can only be used to denote the position finally taken by the fœtus.

The cause of tubal pregnancy is still a matter of conjecture. One class of writers believe with Lawson Tait and some of the older writers that fecundation occurs normally in the uterus, and that tubal pregnancy occurs if the spermatozoa wanders into the tube and meets the ovum there. Another class of writers believes that normal fecundation of the ovum takes place in the tube or ovary, and that the fecundated ovum is carried along the tube and ushered into the uterus by a combined peristalsis of the tube and the cilia of its lining membrane. If the latter theory is right, any condition of the tube which interferes with the free passage of the impregnated ovum through the tube might cause tubal pregnancy, such would be flexion of the tube, constriction from bands of adhesions or strictures from inflammations, pressure of tumors, reversed peristalsis, etc.

Whichever theory is correct the fact remains that a spermatozoa has met an ovum when the ovum was on its way through the tube, that impregnation

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has taken place, that the impregnated ovum either could not or would not find its way into the uterus, that it becomes attached to the side of the tube and goes on developing until it reaches term, or until the tube ruptures and the fœtus is thrown into the abdominal cavity where it dies and is absorbed by the peritoneum, or finds new attachments and goes on developing.

Tubal pregnancy may occur as a first pregnancy, or it may occur after the patient has had several normal pregnancies; it may occur soon after marriage or may follow ten or even twenty years of sterile married life; it not unfrequently happens after a number of years of sterility preceded by a period of frequent child bearing. In one case referred to me by Dr. Kuznik the patient had been married several years without becoming pregnant; her first pregnancy being tubal. In another case referred to me by Dr. Thome the woman had given birth to several children, and when the tubal pregnancy occurred she went to a midwife to have an abortion produced. When we opened the abdomen it was with the expectation of finding a pelvic inflammatory deposit as the result of the attempted abortion, and we were, therefore, surprised to find a ruptured tubal pregnancy.

As to the development of the fœtus and its membranes it may be said that they are practically the same as in intra-uterine pregnancy, except that no decidua forms in the tubes, but one does form within the uterus.

These symptoms of tubal pregnancy depend largely upon the course which the abnormal gestation pursues. Tubal pregnancy may end in one of the following ways: First, the fœtus may be aborted into the abdominal cavity through the ostium abdominale without rupture of the tube. Second, the fœtus may escape through a ruptured tube into either (a) the abdominal cavity, or (b) the cellular tissue between the broad ligament, or even into (c) the uterus itself. Third, fœtal life in the tube may end at any stage of deveolpment, the fœtus remaining in the tube and either becoming absorbed or mummified or infection takes place ending in abscess; it may also degenerate into a tubal mole. Fourth, the fœtus may in rare instances go to full term in the tube, or, after abortion or rupture, become attached to surrounding viscera and continue to grow. Tubal abortion is a comparatively frequent termination of tubal pregnancy, inasmuch as the impregnated ovum most frequently finds lodgment in the ampulla of the tube; it usually occurs before the eighth week, at the end of that time, if not sooner, the ostium is closed by adhesions and escape would necessarily be effected through a rupture of the tube.

The escape of the fœtus into the abdominal cavity is usually accompanied by free hæmorrhage, the escaping blood may remain as free fluid in the abdomen, or it may become enclosed by adhesions of pelvic peritoneum forming a pelvic hematocele.

The symptoms of tubal abortion may be light or severe according to the size of the fœtal growth and the amount of hæmorrhage. There has usually been a history of missed or delayed menstruation followed by an ill-defined heaviness and distress or interrupted colicky pains in the pelvis. In some cases the menstrual flow appears at the usual time, but is scanty, and perhaps light colored; in others it may be irregular or consist of a constant bloody discharge; in still others it may be perfectly normal. The discharge will show fragments of decidua under the microscope.

Other symptoms of impregnation such as enlargement and pigmentation of the breasts, nausea, etc., may or may not be present. As a rule, they are not noticeable under six or eight weeks. The immediate cause of tubal abortion being strain or pressure, the severe symptoms usually follow stooping, lifting, falling, straining at stool, or vomiting. The pain comes on suddenly and is often very severe; these pains are a combination of ordinary labor pains and pains as from stretching and tearing of pelvic membranes, and are in reality caused by the spasmodic contraction of the womb, and the effort of the tube to rid itself of its unnatural contents. If bleeding is severe, these excruciating pains are soon followed or accompanied by symptoms of shock, the patient grown blanched and weak, nausea sets in, the extremities become cold, the skin is bathed in a cold sweat, the face is pinched, and even the pulse is weak and rapid; the patient becomes very restless, and calls for water frequently, and if the bleeding continues, the patient soon dies in collapse.

If the rupture is into the broad ligament the symptoms may be somewhat modified, the symptoms of shock may be less severe owing to limiting of hæmorrhage by the broad ligaments, but the pain, nausea and tenesmus are greatly increased and extended. In tubal abortion the patient soon dies from loss of blood, or, if the bleeding is checked, what blood has flown into the peritoneal cavity may be absorbed without untoward effects.

In rupture into the broad ligament the patient more often recovers after a lingering illness accompanied with more or less tenderness in the pelvis and lower abdomen.

Physical examination per vaginum may show little or no tumefaction in the region of the tubes. If the rupture is into the broad ligament there is a distinct fluctuating tumor in the broad ligament crowding the uterus to one side and pressing down upon the vagina; the tumor may be extremely sensitive to pressure, but it grows smaller and firmer as the liquid portion of the blood becomes absorbed, and may finally all disappear except perhaps the bony frame work of the fœtus if it has attained sufficient development.

The symptoms when fœtal death occurs in the tube without rupture of that organ are similar to those of chronic salpingitis, and their intensity will depend largely upon the size which the fœtus attained before death occurred; in such cases physical examination shows a distended tube, more or less tender to the touch, and, if absorption of the soft parts has taken place, the bony frame work can be easily felt through the vaginal wall, as I was

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able to demonstrate in a case referred to me by Dr. Gessing some years ago. In this connection, however, one may mistake the bony formations in a dermoid cyst for those of tubal pregnancy. An interesting case occurred in my practice some years ago. I was called in consultation with Dr. W. E. Fruit to see a young married woman suffering from a tumor in the left tubal region. I could distinctly outline what I supposed to be a fœtus of four months, apparently situated in the tube. I opened the abdomen in the presence of Drs. Fruit, Von Kotch and Da Costa, and removed what appeared to be a gestation sack. After removing the sack it was incised and its contents proved to be a dermoid cyst.

If, finally, gestation goes on to term without rupture of the tube, which is very rarely the case, the symptoms will be those of normal pregnancy plus extreme pain and tenderness, which distention of the tube would naturally produce.

The diagnosis of tubal pregnancy in the early stages is usually difficult; it is often not until rupture has occurred with the severe symptoms enumerated above that the patient discloses certain milder symptoms which might possibly have led to an earlier suspicion of the real condition. Rupture having taken place, the symptoms present added to the former symptoms which may be then elicited, make the diagnosis comparatively easy in some cases. Previous to rupture if the patient has been in sufficient distress to consult a physician, the absent or fitful menstruation, pain in the tubal region, etc., will lead the consultant to make a physical examination when the enlarged tube may be discovered. If, in addition to this, the microscope discloses shreds of decidua the diagnosis becomes practically certain.

Mistakes in diagnosis are not unfrequent even with the most experienced surgeon. Tait, Keith and other equally prominent surgeons have reported interesting cases of mistaken diagnosis in their own practices.

In making a diagnosis it should be borne in mind that the following conditions might be mistaken for tubal pregnancy: appendicitis, either with or without rupture of the appendix, but especially the latter; rupture of a pus tube or ovarian tumor; hematocele from other causes; rupture of an aneurism; injury to bladder or intestines; choleraic symptoms; uterine miscarriage with tubal infection; pregnancy in one horn of a bicornate uterus; retroversion of a gravid uterus; dermoid cyst; spurious pregnancy.

The prognosis left to the expectant treatment is bad. That many cases do get well without surgical interference is an acknowledged fact, but under modern surgical treatment a much greater percentage recover. According to statistics compiled by A. Martin, of Berlin, and others, it was found that in cases treated on the expectant plan 60 per cent. died, while in cases treated surgically only 20 per cent. succumb. It is my belief that at the present day a much smaller percentage of deaths need occur.

The treatment of extra-uterine pregnancy is essentially surgical. Nothing can be done medicinally more than to relieve symptoms, except, perhaps, in a prophylactic way. The injection of drugs into the tube to kill the fœtus is not only unsurgical but may be positively dangerous. The use of the galvanic current to destroy the fœtus and produce absorption of the tubal contents has been tried with small success, and may be advised where radical operation is contra-indicated, or where the patient positively refuses to submit to surgical work. The nature of the surgical work indicated will depend upon the stage of gestation, the condition of the patient, and if rupture of the tube has taken place, the location of the discharged fœtus.

If the case has been diagnosed early before rupture or abortion, and the consent of the patient can be obtained, the abdomen should be opened and the tumor removed either by ligating and cutting away as in non-adherent pyosalpinx, or if no pedicle can be obtained the tube may be split, the fœtal contents scraped out, the bleeding points secured and the tube again sewed up or packed, the packing to be brought out either through the abdominal opening or through a counter opening made into the vagina. Preliminary to such operation the vagina should be cleansed, the cervix dilated and the uterine cavity curetted. If the case is seen at the time of primary rupture or abortion, as is usually the case, and the symptoms indicate that free hæmorrhage is taking place into the abdominal cavity no time should be lost; the abdomen should be opened even though the patient is in collapse, the blood clots and products of conception cleaned out and the bleeding point secured. The abdomen should then be rinsed with hot normal salt solution, leaving as much in the abdominal cavity as will be retained. The presence of hot normal salt solution in the abdominal cavity acts as a prompt restorative, and should be supplemented when necessary by hot saline enemata or by injection of hot saline solution into the vein or into the cellular tissue under the breast. If rupture has taken place into the broad ligament as evidenced by tumor projecting into the vagina and hæmorrhage has evidently subsided, it is advisable to wait until the patient has recovered from the shock and absorption of the liquid portion of the tumor has taken place when the remaining portion, if causing trouble, may be treated as above or may perhaps be best reached through the vagina. If the case is seen some time after primary rupture and absorption, and absorption has not proceeded as it should, or that infection has taken place, the abdomen should be opened and the condition treated according to indications. [Illinois Homœopathic Society.]

MEDICAL VS. SURGICAL CLINICAL.

BY C. B. KINYON, M. D., ANN ARBOR, MICH.

In these two divisions of the work of the gynæcologist we will find different causes at work, for in the medical cases, so-called, we are dealing with the results of the causes which lead to surgical condi-

tions, or perhaps are what might properly be called the results remaining after surgical operations. In both classes of cases we might properly say the diseases or diseased conditions are due to infection or injury in at least ninety per cent. of the cases. We might make this distinction. In those cases following confinement or what might properly be called obstetrical cases, the diseased conditions are due either to infection or injury, while the other cases are due to infection alone. The remaining 10 per cent. of the gynæcological cases are due to tumors or malignant degeneration.

It is not so difficult for us to draw the line between the medical and surgical cases as one might at first suppose. It is never best for the doctor to be absolutely certain of his diagnosis before undertaking a surgical operation. It is far better for him to confine himself to the one all essential fact, namely, is surgery called for? If so, reserve the diagnosis until after the operation. In other words, it is not best for the surgeon to give an absolutely definite differential diagnosis before operation.

We now come to the much larger and more difficult classification, namely, the medical cases. The present tendency, especially on the part of those who do surgery, is altogether too much toward operation in every case presented. To be sure many very brilliant results follow an operation, and it is equally true, in many cases, that the patient is but slightly benefited, and may be even made decidedly worse with incurable conditions firmly seated. The so-called minor gynæcology, by which is meant the usual office treatment with local applications, tampons, etc., is frequently very dangerous as practiced by many men. These results have led many very excellent observers and skillful physicians to condemn all gynæcological work of a local or operative character. With absolute asepsis and rest for a time after each treatment or examination, we will do away with much of the risk of office treatments.

Let us briefly outline some of the methods by which we are to ascertain whether the case is medical or surgical. Our first duty is to ascertain whether the case is due to infection, to injury, to tumors, or malignancy. If we find evidences of an injury from parturition or other cause, it is our duty to notice the extent of the injury as well as the character and location of the cicatricial tissue and its effects upon the surrounding structures, and upon the patient's general health. If we find the trouble is due to infection we must ascertain not only the nature of this infection, if possible, but the results which it has produced. Another important factor is the length of time which has elapsed since the infection occurred. But more important than all others is whether or not there are inflammatory deposits with extensive adhesions or anything bordering on the nature of an abscess present. If we find these deposits and adhesions present, very much can be done to put the patient in proper condition for operation by the following methods of treatment. The first and all important rule for us to adopt, in each and every case, where acute infection or extensive inflammatory deposits are present is absolute rest in bed for some considerable time. In conjunction with this rest large quantities of very hot water used as a vaginal douche, and if bowels are constipated, a saline enema, together with hot Hamamelis stupes over the lower abdomen, will materially hasten the cure. In cases where the vaginal fornices present a doughy, boggy "feel" great benefit results from the use of wool tampons saturated with a 20 per cent. solution of Ichthyol and Glycerine. This is to be applied on the average about twice a week between the menstrual periods. For the condition just mentioned the following remedies are very beneficial: Early stages (first two days), Aconite 2x, followed for a few days by Belladonna 3x. If pus formation is inevitable, give Mercurius solubilis 3x to hasten the process. If there is a probability that you can ward off suppuration Hepar sulphur 4x or 6x will help. Never give these in alternation or follow one with the other, but give a few doses of Belladonna between them. We now come to the most important part of our subject, namely, the cure, or at least decided benefit to be derived from homœopathic remedies in treating the diseases of women. We might say in passing that all of the old school authorities are agreed that there are very few remedies, indeed, which are of any value, and this is true as they administer them. Because the majority of these patients are already more or less below par, and are, therefore, unable to overcome the effects of strong drugs.

In the time at my disposal, I will give a list of remedies which I have found, from actual experience, to be of value in the treatment of the chief troubles encountered in the practice of so-called medical gynæcology.

I wish at the outset to say that the list I give and the indications are by no means exhaustive, and are not alone such as we find in our text-books on materia medica or theory and practice, but are taken from all sources together with my personal experience and observation.

Aconite.

Sudden suppression from cold (chill), fright or anger (this is a very important cause), coupled with congestion of all of the deeper structures of the body. Acute ovaritis with severe pain. Patient very restless, very anxious, fear of death or of an incurable condition being fastened upon her. I now recall a case where the mother nursed her babe soon after a severe fit of anger, and the child died in convulsions within two hours. Had the mother taken a few doses of Aconite before nursing the child the result would not have been so disastrous. These cases are generally troubled with frequent and painful tenesmus of the bladder, but urination is not painful. This remedy must be given at once and, in very serious cases, frequent doses of the 2x. As a rule, a dose every fifteen minutes for about two hours, when the above symptoms will all be controlled. If these cases are not treated in the early stages Senecio will be the remedy.

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Ammonium carbonate 6x.

Flow too early, too weak and of short duration, more free at night. Blood is too dark and clotted. Colicky pains. Severe pains in the back extending through the uterus. Grumbling toothache with profuse watery stool.

Arsenicum.

For a depraved state of the system from exhausting diseases. Its pathogenetic symptoms are too well known to require repetition.

Belladonna 3x.

This is a uterine polychrest, and has such characteristic and well known symptoms that but few need be mentioned. The flow is scanty, in plethoric women, with the characteristic symptoms, flushed face and throbbing carotids. (Glonoine, pale face.) Hughes says the above symptoms call for Belladonna during the intermenstrual period and Aconite at the time of the flood. The following are perhaps worthy of mention: .Drawing pains within the pelvis and along the thighs, profuse sweat just before the flow, accompanied by coldness and wakefulness.

Berberis vulgaris 1x.

A greatly neglected remedy in pelvic trouble. The flow too scanty, blood watery and slimy and greyish in color. Irritating, bad odor, severe labor-like pains in the lumbar region. Bursting headache, relieved by tight bandaging, especially indicated when there are troubles of the liver and kidneys.

Bryonia.

Too early, too profuse, dark red, with a splitting headache on the vertex, aggravated by motion, flow also aggravated by motion.

Calcarea carbonica 6x.

This is a uterine polychrest. During the intermenstrual period we have a profuse, milky leucorrhœa. Menses appear in nursing women. Great remedy in scrofulous diathesis. Fleshy women, fair skinned, but muscles weak, abdomen too large, excessive perspiration about the head during sleep, stomach acid, bowels constipated, and some of our best authorities claim that it is our chief remedy in cases of amenorrhœa, with a tendency toward tuberculosis. Of great value indeed in cases of irregular menstruation associated with heart diseases of reflex origin.

Caulyphyllum 1x (Blue Cohish.)

Pains more sharp and unendurable than in Cimicifuga. Patient cannot endure the pain, is almost frantic and even delirious at times. Pains are not so constant and not so much of a rheumatic character as in Cimicifuga.

Chamomilla 2x-6x.

Before menstruation very irritable. Snaps at everybody, and can hardly keep her temper. Flow dark and clotted. Metrorrhagia coming in paroxysms. This discharge is apt to follow after a miscarriage or labor.

China 2x.

Too early and too profuse menstruation. Menses frequently suppressed from disappointment or chagrin. In cases of anæmia it is given between the menstrual periods. Of course, almost specific in malarial cachexia.

Crocus 3x

The menstruation is too early, too profuse, dark in color. A feeling as though the menses would make their appearance for several hours before their time. Sensation as though something alive were moving about in the abdomen. Quite frequently called for during the change of life. Differentiate this from Sabina with care, as they have points in common.

Cimicifuga (black cohosh or Squaw root).

Uterine polychrest. I might perhaps says that this is more frequently called for in dysmenorrhœa than almost any other remedy in the materia medica, much oftener than Pulsatilla or Senecio. (These three are the great triumvirate.) Indicated in nervous women of rheumatic diathesis with neuralgia, myalgia, occipital headache, flashes of heavy pains through the lower abdomen and pelvis. These pains continue for some time but are not sharp as in Caulophyllum. Very severe, heavy pains in the head and eyeballs and other parts of the system. The flow irregular or suppressed from general cold or strong mental emotion. Severe neuralgic pain in the uterus and ovary; pains extend from side to side, are sometimes dull in character and produce great soreness or tenderness of the parts; severe bearing down, dragging sensation in all the pelvic organs.

Cocculus 3x.

Flow too early, abdomen greatly distended, with contracting, cutting pain and soreness upon pressure. Menstruation may appear after being absent for months, but the menstrual molimen is present at each month, often so severe as to lead to mania. Flow scanty, painful, irregular, often properly classed as dysmenorrhœa with clotted blood associated frequently with hæmorrhoids. In these cases better than Aesculus. Cramps in the uterus with a seropurulent bloody flow with bad odor.

Conium 3x.

Similar to Cocculus except that it has labor-like, bearing down pains at the time of the flow. Sometimes colicky pain. Vaginal discharge very excoriating and whitish in color. Breasts sore, hard and painful. Burning, soreness and aching pain in the uterus.

Glonoine 6x.

Severe, throbbing headache with a pale face. (Belladonna, flushed.) Cerebral congestion is intense, but pain continues after the flushing and headache is relieved. Acts quickly if at all. Often very valuable during the climacteric.

Graphites 6x.

Another much neglected remedy in cases of a tardy flow, scanty and pale. Patients past thirty years of age. Ovaries tender and indurated, with inveterate constipation. (Hahnemann.) Stools hard, lumpy, dark, half digested, offensive. Mixed with mucous threads and surrounded by a coating of mucus. The skin symptoms are similar to other

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conditions calling for Graphites. Patient tends to obesity and the conditions are chronic.

Gelsemium 1x.

Is indicated where we have the characteristic headache beginning in the occiput and extending up over the head with the characteristic pressure-like symptoms.

Helonias 3x.

Flow too frequent, too profuse, very exhausting. Menstruation premature and profuse in women who are feeble from loss of blood. Flow is passive, dark, coagulated and offensive, accompanied by heaviness, languor, drowsiness and albuminous urine. Where this albumin becomes quite extensive the flow is scanty and there is evidence of marked congestion of the kidney. During the menopause we have profuse flooding with severe pain in the uterus and ovaries. Perhaps the greatest keynote for this remedy associated with the above is the feeling of great lassitude, marked tendency towards prolapse of the uterus and often accompanied with ulceration of the cervix, accompanied with a profuse serous leucorrhœa. Two classes of women for which this is indicated, those who are worn out with hard work, cannot sleep, feel better when their attention is engaged with work, and those who are enervated by indolence and luxury and consequently suffering from atony of the pelvic organs and tissues.

Hydrastis.

This remedy is indicated more for diseased conditions manifesting themselves between the menses than for disorders of menstruation. Immediately following menstruation leucorrhœa is like the white of an egg, very profuse and debilitating. This is soon followed by a tenacious, viscid, thick, yellow leucorrhœa either vaginal or uterine. This may be so tough as to hang in a long string from the os. This is frequently accompanied by great sexual excitement and severe itching, often associated with hepatic derangements and severe constipation, with a feeling of prostration at the epigastrium, with violent, continued palpitation of the heart. General engorgement of all the pelvic organs. In these cases we have some valuable concomitant symptoms. She is forgetful, sleep is very restless, she is frequently awakened by backache and dull pains in the umbilicus or hypogastrium. Dull, frontal headache with dizziness, almost as if intoxicated. Very severe, nervous, sick headache. Cough with expectoration of thick, yellow, stringy mucus. General nervous prostration.

Ignatia 6x.

Menstruation too early and too profuse. Discharge of black blood mixed with coagula and offensive odor, especially apt to occur after great mental trouble. The first few days the flow may be scanty, but it then is very offensive in character. Before menstruation she is extremely nervous, sobbing and sighing, giving one the impression that she is full of suppressed grief; great heat and heaviness in the head. Severe headache, restlessness, with moaning and groaning while asleep; sudden starts during sleep; nervous headache aggravated by stooping; especially severe just above the root of the nose. Intolerance of bright light or of loud noise; flickering before the eyes. Toothache with severe aggravation after drinking coffee. Numbness in the arms at night with the sensation of something alive running over the arms. Hollow, spasmodic cough, excited by a sensation as of sulphur or dust in the room.

Ipecac.

A continuous flow of bright red blood with cutting pain about the umbilicus; pressure in the uterus and rectum; hæmorrhage following confinement or miscarriage; especially does this occur soon after the delivery of the placenta.

Kali carbonicum 6x.

The earlier practitioners of our school very frequently used this in place of Pulsatilla with marvelous results in many cases. Menses do not appear at puberty; when they do appear they are apt to be too scanty, with a pungent odor, acrid, causing eruption on the thigh. When the courses are suppressed the patient has ascites or anasarca. Even when these have been existing for a considerable time Kali carbonicum if given faithfully will frequently remove these conditions and re-establish the menstrual function and bring about a very satisfactory degree of health. This I know to be true from actual experience in many cases, especially in young women. It is truly astonishing the marvelous results following the administration of this remedy. One very valuable symptom is the presence of a sack-like swelling between the eyebrows as well as beneath the lid. Very susceptible to cold (Hepar sulphur 6x from a draft on the back of the neck or head). Sharp, sticking pains, worse at 3 A. M. Lycopodium, worse at 4 P. M. Dry, hacking cough, with great weakness and excessive metrorrhagia following confinement or miscarriage. Will frequently prevent an impending abortion where there is a pain in the small of the back as if it were being pressed in from both sides. Abortion more apt to occur at the end of the second month. Sabina at the end of the third month, and Sepia after the fifth month. There is great constriction in the region of the heart with intermission of the heart beat. The back feels as if broken. Pains wander quickly from one place to another, causing her to start or jerk.

Lachesis.

Menstruation scanty. Regular as to time but too feeble and of too short duration. Dark, lumpy or acrid in character. (This is one of the three great remedies indicated in the climacteric, the other two being Sepia and Magnesia phosphorica.) All the symptoms are worse after sleep, more especially after a nap in the day time. The chief symptoms for Lachesis are so pathognomonic and so well known as to need no repetition, and yet I can hardly resist giving you one symptom which has helped me so many times, viz., a feeling of constriction as though a large fold of cloth were drawn snugly about the throat. I look upon this as the keynote of Lachesis.

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Lilium tigrinum.

The chief action of Lilium is upon the ovaries. For ovarian neuralgia it is the greatest remedy we have. The pains are sharp and lancinating in character. Pains worse in the left ovary frequently extending up to the left mamma. Great bearing down in the whole uterine region with a sensation when standing on the feet as though all the pelvic contents would issue from the vagina. This can only be relieved by firm pressure with the hand against the vulva or by sitting down. All the pelvic organs seem swollen and tender. These symptoms are aggravated when walking. One of our great remedies for prolapse of the uterus.

Lycopodium.

Chronic suppression of the menses with accompanying sadness and melancholy. With a feeling of distension in the abdomen. Menses suddenly suppressed from fright. Pains from right to left. Severe bearing down as though the menses would recur. Always worse from 4 to 8 P. M. A sallow complexion, blue circles around the eyes, with heart-burn, and great distension after eating. Rumbling, gurgling noise in the abdomen, so loud as to be heard by those nearby to the great annoyance of the patient.

Magnesia phosphorica.

Menses may be too frequent and too profuse. When it is thick and dark in character, more abundant at night. Frequently suppressed altogether during the afternoon. Drawing pains in the head and also in the region of both ovaries. As in Lachesis we have the sudden flashes of heat accompanied by dizziness. As before stated, a great remedy during the change of life.

Natrum muriaticum 6x-30x.

First flow is much delayed, constitution undermined from excessive use of drugs or from malarial poisoning. Patient depressed, more in the form of melancholia than of hypochondriasis. Patient is constipated, emaciated, easily fagged out. Before menstruation patient is very sad indeed, with great anxiety. During menstruation is gloomy and anxious. Violent headache on waking in the morning. After menstruation patient is hasty and irascible. Bearing down as though the uterus were prolapsed. Pimples on different parts of the body with falling out of the hair. The headache of school girls. Awake in the morning with headache, unrefreshed. Chlorosis in young girls. Chief keynote symptom is a feeling as if a plug in the throat. Palpitation of the heart upon the least exertion or when lying upon the left side. May lose flesh, and the pallor increase even though the appetite remains good. Especially indicated in cases coming from the old school where they have used nitrate of silver locally.

Nux vomica and Nux moschata.

Is so well known that little need be said, but something should be said, I think, regarding Nux moschata. Menses irregular, both as to time and to quantity. Discharge is dark and thick, whether in amenorrhœa or in menorrhagia. Unconquerable drowsiness. Cannot sleep well. Great lassitude with a great tendency to excessive laughter, especially when in the open air. This remedy is frequently called for in hysteria, where Ignatia is administered. There is this chief difference in these remedies. The Nux moschata patient has more continued, or perhaps, I had better say, constant nervous tension, while the nervousness of the Ignatia patient comes in paroxysms. Then the Nux moschata patient has gastric symptoms and a great tendency to take cold easily.

Petroleum 3x.

Menstruation too early, causing intense itching of the genitals. Great heat in the palms of the hands and soles of the feet. (Sulphur.) Very profuse leucorrhœa for several days at a time. Patient inclined to anger and to scold. Nausea from riding in a carriage. Fetid saliva. At night this saliva runs from the mouth and wets the pillow. Diarrhœa during the day time but not at night.

Platina 2x to 6x.

This remedy has a clear picture which produces a class of symptoms known rather as concomitant, chief of which is excessive pride, self-exaltation, leading to contempt for others, and often accompanied, when alone, with low spirits and inclined to shed tears. There is great anguish, she feels as though she would lose her senses or die. Her pride and her desire to conceal her feelings often leads her to be extremely haughty, and she is frequently misjudged by her friends. One fact I have frequently noted, that this remedy is execllent for suppressed menstruation in foreigners soon after coming to this country. This remedy is the chief remedy in our materia medica for the cure of nymphomania. It is one of our great remedies in the prevention of insanity. I might add it is specially applicable to women of dark hair with strong, rigid muscles.

Plumbum 6x.

This remedy, like Platina, has a great influence over the disorders of the mind. Great melancholy, a feeling as though she would be paralyzed. A tendency to epilepsy during the change of life. No appetite but violent thirst at times. There is a sense of constriction at the throat. A severe drawing pain at the umbilicus radiating to other parts of the body. Obstinate constipation. A feeling of anguish about the heart. Great general prostration.

Pulsatilla.

While this remedy is extremely valuable in the disorders of menstruation especially in suppressed or scanty menstruation, it is very frequently given when not indicated. Its symptoms are so characteristic and so well known that I will not spend much time. Sleepy in the afternoon but can not sleep early in the night. Sleep better towards morning. A frequent urging to stool as if a diarrhœa would set in. Nux vomica.

Sabina 3x.

Menstruation too early and too profuse. Continues too long. It may be either bright red or dark. If the latter, it is always coagulated. Flow

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comes in paroxysms. More than any other remedy it has the indescribable drawing pain in the last lumbar vertebræ, extending through to the pubes. Flow is aggravated by the least motion. Attended with colic and labor-like pains. Aggravated by motion. A great tendency towards abortion or miscarriage. Leucorrhœa is jelly-like in character, yellow in color and a fœtid odor. Headache in the right side of the forehead, causing intense sensitiveness to the touch. The great keynote of Sabina is the constant uneasiness and discomfort in the region of the lumbar vertebræ with a drawing pain from behind the uterus to the pubis. These pains are labor-like in character, and they often extend down the thighs. Allow me to repeat. This is a great remedy for abortion or miscarriage at about the third month.

Secale cornutum 3x to 6x.

This is a remedy greatly abused by the old school. Menses are dark looking like watery ink, passive flow. This flow sometimes is composed of disorganized blood. The lochia are frequently suppressed, thin, dark and offensive. This is a condition which calls for extreme watchfulness, as it is frequently the forerunner of uterine inflammation. The leucorrhœal discharge is dark and very irritating in character, so much so as to produce an eroded condition of the cervix uteri. This condition may lead to the formation of warty excrescences which secrete a sanious fluid, and Secale has cured many of these cases, as well as the conditions which caused them.

Sanguinaria canadensis 3x.

Menstruation is too early and too profuse with a discharge of black blood. When menses are regular they are too profuse. In cases of suppression or scanty menstruation look out for lung trouble. At this time (menses) we have sick headache, worse on the right side. A sensation as if the eyes were being pushed out. A feeling of extreme tightness of the chest. The headache of Sanguinaria is very characteristic. Beginning at the occiput, extending upward and settling over the right eye. Sick headache increasing during the day and at night quieting down so that she can go to sleep. Headache as if the head would burst, worse when in motion, noise or light. Headache is frequently relieved by the patient lying on the floor and holding her head firmly pressed against the floor with both hands pressing on the vertex and over the right eye. This position is characteristic of Sanguinaria. Pain also in the right side of the chest accompanied by palpitation of the heart.

Senecio (Life Root).

This was called by the late Dr. Streeter the great female regulator. Unlike Pulsatilla the courses may be too profuse, premature, but the great indication for this remedy is irregular menstruation or suppressed menstruation followed by vicarious menstruation. More apt to be scanty or suppressed in very nervous women. Suppression of the menses in young girls is apt to be followed by dropsical condition. Great depression of spirits as well as nervousness and excitability. Great debility of the whole system. Derangement of the digestive organs. Loss of appetite, coated tongue, constipation and great lassitude. A sensation as of a ball rising from the stomach into the throat. Keynote, profuse mucous discharge may occur in the place of the menses. For chlorosis in scrofulous girls with a tendency towards dropsy.

Sepia 6x to 12x.

When the menses are too early the flow is profuse and comes only in the morning. The menstrual discharge is usually dark. It is more frequently given for menorrhagia than for amenorrhœa. The chief symptom for Sepia is the great weight in the abdomen. This symptom was noted in all of the women provers. Frequently a delay in the appearance of the first menses (puberty). Leucorrhœa in place of the flow. When the flow does come it is accompanied by crampy colic with violent bearing down pain and a feeling as if she must cross her legs to keep everything from coming out through the vagina. The headache of Sepia is very characteristic, beginning over the left eye, extending over the left side of the head to the occiput, opposite side and opposite direction from Sanguinaria. Because of this pressure of the pelvic organs there is a great urging to urinate. The urine may be thick and very offensive, depositing a yellow mucous sediment or red sand. The urine is covered with a scum which leaves a sediment which adheres very firmly to the sides of the vessel. Great congestion of the uterus. Induration of the uterus and of the cervix. Great sensitiveness of the vagina. Soreness of the pudendum and between the thighs. Concomitants. Great oppression of the chest early in the morning and late in the afternoon. Violent palpitation of the heart and beating of all the arteries upon first going to bed. Pain and weakness in the small of the back with tired pains in the same region. Pressing, dragging in the back and a burning in the spine from the small of the back to the scapulæ. Throbbing, aching pain in the back, worse when standing. Constant heavy pain in the sacrum extending to the thighs and legs. In other words, we might generalize by saying that we have all of the symptoms which we would expect in cases of general engorgement and permanent enlargement of the pelvic organs. These conditions are very frequently brought about by too early getting up after confinement or from sexual excesses. All of these are aggravated by exercise in the house but better from vigorous exercise out doors. In closing, allow me to add this: It is especially adapted to the chronic uterine complaints of women with delicate constitution, with dark hair, with fine skin and those who are frequently afflicted with mental and moral perturbations. And especially indicated during pregnancy, puerperium, or while nursing and at climacteric. It follows well where Pulsatilla has been given for the acute symptoms.

Sulphur 2x.

The flow is insufficient and pale in color with pressure in the pit of the stomach, especially at about 11 in the forenoon. Flushes of heat and cramps in the calves of the legs and soles of the

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feet. Rush of blood to the head, with a heavy frontal headache. With a feeling of weight in the vertex. In this, as in all other classes of diseases, Sulphur is the great intercurrent remedy. Aggravation in the evening from walking, from drinking of milk, from change in the weather, from suppressed perspiration and from getting warm in bed. Of course, none of us will forget that it is the great remedy for persons tainted with psora. In these cases it seems to set the system in running order till other remedies will work. Give a dose early in the morning.

Trillium (White Beth Root) 4x to 3x or θ.

Menses premature and profuse. Gushing with bright red blood from the uterus upon the least motion. Profuse flow of dark, thick, clotted blood at intervals for several days. Menses often recur every two weeks. Between the courses there is profuse leucorrhœa, yellowish in color and creamy in consistency. Menses occur from over-exertion, especially riding or walking too long, or lifting. But the chief characteristic of this remedy is that the menstrual flow is bright red at the beginning, later becomes dark, and then pale. Before menstruation the head is congested, pains in the back. An excellent remedy for profuse hæmorrhage at the time of the climacteric. At this time flow usually comes every two weeks, with the striking peculiarity before mentioned, bright red at first and dark and clotted later. So profuse as to cause fainting. A great remedy for this characteristic hæmorrhage following abortion and also post-partem hæmorrhage. This remedy will frequently control this appalling form of hæmorrhage. I might add that the leucorrhœa of this remedy is generally tinged with blood and very exhausting. Frequently a fœtid odor. This form of leucorrhœa is generally associated with chronic engorgement and tumefaction of the uterus. The great keynote for this remedy is for those cases which invariably flow profusely after confinement.

Ustilago (or Smut of Corn).

This remedy has many characteristics similar to Secale. But there is this striking difference between the remedies: Ustilago is in cases of passive hæmorrhage with the cervix soft and patulous, with constant dull ache in the cervical region, while Secale has the os tightly closed and the cervix is hard with the pain in the body of the uterus. Ustilago has a continuous flow of bright red blood in the beginning of the menses, but later becomes dark in color. At first the bright red blood comes in gushes, but the dark flow comes in the form of a persistent oozing with an occasional clot of dark blood. Similar to Crocus. This bright red blood comes from violent exercise. The general characteristic of Ustilago is enlarged uterus, quite sensitive to the touch, but the cervix is soft, spongy and flabby, with the os patulous. In short, general inertia of the uterus. The above symptoms are accompanied with great depression of spirits, vertigo, especially during the climacteric, followed by sudden paleness of the face, constant aching distress in the uterus, but the patient expresses it as "in the mouth of the womb." These patients are very apt to have yellow colored spots of the skin on different parts of the body and face. The type of woman is tall, slim, with fair complexion, lymphatic temperament; in other words, the type that is frequently considered of a consumptive tendency.

Veratrum album 3x.

One of the most marked characteristics of the Veratrum patient just before and the beginning of the menstrual period is that the menstruation is frequently delayed for a few days, during which time the patient is in a despairing mood, with marked cerebral congestion. Frequently very loquacious, very marked and frequently troublesome nymphomania, with morning headache, extreme coldness of the vertex, patient frequently insisting upon it that there is ice pressing against the head. Often has violent thirst for ice cold water. Complexion pale or even earthy in character, accompanied by blueness of the lips and finger tips. Of course, as we naturally expect, this remedy has vomiting and diarrhœa. Perhaps one of the most striking characteristics of this remedy is that before, during and following menstruation there is great sexual excitement.

Veratrum viride.

This remedy is, of course, by many looked upon as the chief anchor in the treatment of puerperal eclampsia, but it certainly does possess the power of restoring the secretion of milk and the lochial discharge and subduing to a great extent the inflammation surrounding the uterus and ovaries. There is this difference between Veratrum viride and Belladonna. The latter is especially indicated in the inflammation of the peritoneum covering the uterus and ovaries, especially when this is accompanied with severe uterine congestion, without hæmorrhage, the patient being greatly perturbed, with great nervous irritability. We might add that in the very acute form of the above troubles Atropine 3x often works more promptly than Belladonna. In this connection let me add a word about three remedies which I use during the lying-in period in nearly every case. Arnica 2x is given the first twenty-four hours. Aconite 2x during the second twenty-four hours, and Belladonna 3x for the third, fourth, fifth and sixth days. I have been so well satisfied with this treatment in cases without infection that it has become practically routine with me.

Viburnum Opulus (or High Cranberry).

Menstruation too early, too profuse and offensive in odor. The discharge usually has the characteristic jelly-like consistency leaving a permanent stain on the napkin. Menses frequently delayed. Before menstruation has severe pain in the back extending to the hypogastrium and down the thighs, cramps and bearing down pains before the discharge appears. Excruciating pain through the womb and lower part of the abdomen, which comes on suddenly, and frequently continues from six to twelve hours before the flow. During this time there is marked uterine congestion with the feeling

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that the "courses" would come at any time. During menstruation there is apt to be persistent nausea with constant pains drawing from the back. If these symptoms are not relieved they have a feeling as if the breath would leave the body and the heart cease to beat. This frequently leads to anxiety with palpitation of the heart. Often has a strange, and as the patient expresses it, a buzzing feeling in the hands and feet. They feel as if they would burst. Suddenly waken at night with suffocating feelings. A valuable point of distinction between this and Caulophyllum is that in cases of amenorrhœa or dysmenorrhœa the Caulophyllum patient cannot endure the pain but becomes frantic and almost delirious. There is a striking similarity. Both remedies are indicated in tall, slender, fair-haired, hysterical persons suffering from either of the above disorders of menstruation.

I would gladly extend the list of remedies and enlarge upon those I have given but time will not permit. If I have set you to thinking and given you some idea of what a rich store we have in our materia medica for the treatment of the diseases of women, I will be well repaid. [Read before the Mich. State Hom. Ass., May, '07.]

Surgery.

COXA VARA.

BY HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Imagine if you will a boy of mine who is overgrown and large enough to wear a thirteen-year-old boy's suit of clothes, somewhat spare, medium, dark complexion, and you will have a fair impression of a patient of mine named John H., who, three years ago, had quite a severe attack of inflammatory rheumatism, which, during the succeeding two years was followed by two other attacks of the same disease, the last one being about thirteen months ago (April, 1906).

All of the attacks of the inflammatory rheumatism were typical, fever (running as high as 103 F.), pain and swelling of the joints, affecting many joints successively, going up one side and down the other, jumping from the ankle of one side to the shoulder of the other, etc., etc. In fact, the diagnosis was positive. However, a peculiar thing was the fact that as the severity of the attack began to lessen, in each instance there was a marked tenderness just below Poupart's ligament on the left side with quite a great deal of sensitiveness on pressure and a little stiffness on motion, and a slight limp as he walked, which limp after the first two attacks disappeared in due season.

Following the attack of March and April, 1906, the limp continued and the patient was brought to me by the parents in June, and an examination showed an absence of the signs of acute hip-joint disease, but a shortening of the left leg to the extent of three-fourths of an inch, the leg hanging, or rather swinging, a little in toward the other leg; the trochanter major being prominent and was considerably elevated above the Nelaton line, and deep palpation (possibly because of the spareness of the subject) showed a distortion of and about the neck of the femur, undoubtedly due to its changes of angle from the softening, and possibly of some inflammatory deposit about the neck. Abduction was limited because of the bend in the neck of the femur which allowed the trochanter to approach more closely to the acetabulum and to the ilium, and because of the tension on the lower part of the capsule of the joint, making the difference in abduction of the two legs quite noticeable.

Naturally I wanted counsel, and Dr. R. D. Matchan saw the case with me, and concurred in my diagnosis and prognosis (which was unfavorable as to any possibility of improvement), and whose suggestions as to the line of treatment to be followed out also coincided with my own, namely, that the patient should be so treated and cared for as to favor an upbuilding of the general system in every way possible, viz., massage, generous diet, outdoor exercise, etc.

Later the child was taken to an osteopath, who claimed that the spine was affected, and unless a long course of manipulatoins were followed out dire results would surely follow. Subsequently a prominent old school surgeon of Minneapolis was seen, who diagnosed hip-joint disease, and insisted on an immediate operation for the letting out of the pus, which he considered to be present, even though there had been no temperature noticeable at any time except when the patient was suffering from unmistakable rheumatic symptoms, always more or less fugitive in their location.

Finding that the parents would not consent to an operation the old school surgeon advised taking the patient to a specialist in orthopedics in St. Paul, which was done, and he agreed with me in the diagnosis, and gave to the disease the name which is the caption of this paper, "Coxa Vara," and which, until then, in my mind at least, belonged to the "no name series."

This surgeon urged the use of an anæsthetic, forcible abduction of the leg and the application of a plaster cast to keep the leg in this position of forced abduction, the case to be renewed at intervals for a period of several months.

Now, inasmuch as a period of six months had gone by without any increase of the limp, or of the shortening of the leg, as the boy's general health was better as a result of outdoor life in the country, I could see no reason for the application of the cast and the consequent discomfort and confinement of the patient to the hospitals as was advised, and I suggested that he be taken to California for the winter, which was done, and he spent the winter in California near Los Angeles, part of the time on the sea shore, and he has but just returned, markedly improved in general health and no aggravation of the limp, no increase of the shortening of the leg and no greater scissors leg than he had some six

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months ago, and, too, he has escaped an attack of the inflammatory rheumatism.

Whitman tells us that coxa vara is an infrequent deformity, that it appears more frequently in later childhood and adolescence, doubtless because the neck of the femur has at this period become relatively larger, and consequently less strong; that because the hip-joint is well concealed the diagnosis is somewhat difficult, and, in fact, it is in only very recent years that its symptoms have been recognized; that E. Mueller, a German writer, was the first to call attention to the affection as one of the deformities of adolescence, which, until then, had been taken for hip disease. This was in 1889.

The deformity may affect the entire neck or the epiphyseal juncture. In the latter case it is often due to injury or strain. On examination of the affected bone there have been found congestion, softening and evidences of irritation in and about the joint and the necessary adaptive changes due to the displacement or distortion.

The disease he classes as one of a group of static deformities of the thigh due to a weakening of the supporting structures from inherited delicacy of structure or when weakened by injury or disease. or where overburdened by weight or strain.

Rachitis is often a predisposing factor in this condition or deformity; traumatism, resulting in a fracture of the neck of the femur in childhood, may change the angle of the neck so as to predispose to the development of the deformity. Other factors in the etiology may be general weakness incident to rapid growth, direct injury and the strain of occupation.

The deformity is more often unilateral than bilateral, and more than three-fourths of the cases are in males.

The symptoms noticed are a marked prominence of the trochanter; particularly when the leg is flexed and abducted there is a limitation of flexion and inward rotation; there is actual shortening from the upward displacement of the shaft of the femur of seldom more than an inch, but the apparent shortening from the abduction and accommodative tilting of the pelvis may be extreme, even as much as two or three inches.

The resulting physical effects are: Discomfort, awkwardness, limp, shortening, atrophy, limitation of motion and deformity. The symptoms of unilateral coxa vara vary with the degree and duration of the deformity, the stiffness and weakness in the thigh being more noticeable on beginning motion, and after extra or over-exertion there may be actual pain.

In the treatment of this deformity Whitman lays stress upon open air, good food and upbuilding of the patient, relief of weight on affected bone by a perineal crutch or a convalescent hip splint with a joint, allowing motion at the knee, particularly when walking or standing, massage and exercises.

Early in rapidly advancing cases forcible abduction with the idea of changing the angle of the neck by pressure, the application of a plaster cast in this position, its retention thus for two months or more until the softened bone has hardened.

When abduction is marked, with outward rotation of the foot a linear osteotomy of the shaft of the femur may be necessary to overcome the deformity. In children a cuneiform osteotomy at the level of the small trochanter.

He says, further, mechanical treatment is of no avail, and unless contraindicated, operative interference should be urged to correct the deformity.

He advises when a cuneiform osteotomy is done that a plaster cast must be worn for at least eight weeks to allow proper union, then for four weeks more a short Lorenz spica of plaster is required, and the results as to symptoms and function, he tells us, will be perfect.

Materia Medica.

GELSEMIUM SEMPERVIRENS.

The Yellow Jessamine—Natural Order Loganaceæ—Cerebro-Spinal—Centric.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

The yellow jessamine is native of our Southern States. It is cultivated for its beautiful, fragrant blossoms, which appear early in the spring.

The drug is an active poison. Physiological doses have a narcotic effect, and the drug has been used for this reason as a substitute for opium. Its grand central action is upon the brain, spinal cord, nerves, and through them upon the muscular system.

It primarily seems to produce a passive congestion of the brain and spinal cord, and secondarily, and growing out of that, a mental sluggishness amounting in marked cases to stupor, together with great muscular relaxation, simulating paresis, or even paralysis. There is often associated with this condition a nervous erethism or excitement indicated by muscular twitchings and hallucinations.

It is really the asthenic Belladonna, its symptoms being equally acute and sudden in their onset, but its congestions are more passive and involve to some extent the venous capillaries, imparting a purplish, besotted look to the face, instead of the deep rich cardinal red of Belladonna. So it is indicated in asthenic diseases that tend headward from the start, just as Belladonna is indicated in the sthenic discases with the same tendency. Remember, though, that under Gelsemium we have a congestion that is real and intense, and may be accompanied by a temperature equally as high as may appear under the more active cerebro-spinal centrics.

The pulse is full, round and rapid, showing the arterial system to be surcharged with blood, a genuine vascular excitement, but it is (and here lies the difference) compressible; for the heart muscle

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partaking of the relaxation that pervades the patient is slothful and lazy in action. The arteries from relaxation of their circular coats, due to depression of the sympathetics, are soft and entirely lacking in tonicity As passive congestions tend downward so the Gelsemium congestion seems to involve the cerebellum, medulla and spine, so that we notice along with the symptoms of muscular atony a decided lack of co-ordinative power; the patient is irregular and uncertain in gait and movements, and this with his purplish face and diplopia gives a condition similar to that of the physiological effect of alcohol.

The Gelsemium condition is found in contagious, malarial and typical conditions; after emotions and after exposure. Looking for cause generally in exposure to heat or cold, contagion or infection and to emotions.

So think of it in the acute catarrhs during warm, relaxing weather, accompanied by a certain mental torpor or sleepiness, especially in the beginning of such colds, associated with a watery coryza.

The characteristic headache of Gelsemium should be easily recognized and helps to point it out in colds, fevers and other conditions. There is a full, tense feeling in the head, a feeling as of a band around the head (Mercurius, Iodium, Sulphur, Argentum nitricum), dizziness and blurred vision. It is interesting and important to note the eye symptoms of Gelsemium. The pupil is dilated from muscular relaxation and diplopia exists from irregular, uncertain and inco-ordinate action of the recti muscles, a symptom that consists so perfectly with the drug's general action as to be quickly remembered.

In malarial and typhoid types of fever the drug is indicated by its general symptoms of mental and physical torpor, purplish face, muscular relaxation, a full, compressible pulse. Dr. Dewey very properly speaks of the three D's, drowsiness, dulness and dizziness, as prime indications. We will add diplopia and discordant muscles, and make our stool five legged.

In typhoid types of fever it is generally needed early in the disease, for its action is not deep or lasting, generally coming first or following Belladonna, and soon giving place to Bryonia, Baptisia or Rhus toxicodendron. Its differentiation from these drugs is fully set forth under Bryonia.

Its malarial fevers are generally of a remittent type, and it is especially useful in the remittents of children.

In intermittents the chill is ushered in by a chilliness which runs up and down the back.

Fright.—If fright or other sudden emotions produce mental anxiety and vascular tension. Aconite is the remedy; if relaxation with muscular weakness, sensorial depression and a watery diarrhœa, Gelsemium is to be preferred; if acute mania or delirium, Hyoscyamus, and in the same connection Veratrum album or Pulsatilla if their characteristic symptoms are called forth by the shock. So Gelsemium is often the drug for the diarrhœas which anticipate or follow some dreaded ordeal, as the green room test of the candidates for a medical diploma. The drug may as readily be indicated by the bad effects of any extreme emotion.

Gelsemium is one of the most useful drugs in the sexual weakness of men. It is indicated by the same muscular weakness associated with dizziness and inco ordination. Great relaxation of the organs and involuntary discharges. Remember the following characteristics and the drug will be clear cut in your mind:

1. Sudden passive but violent cerebellar medullary and spinal congestion, denoted by purplish face, dilated pupils, diplopia, mental and sensorial depression and torpor.

2. Giving rise to great muscular relaxation, denoted by soft, compressible pulse, muscular weakness and inco-ordination.

3. Remember the five D's—drowsiness, dulness, dizziness, diplopia, descendency, in asthenic fevers.

Acrostic Resume.

G—Gelsemium, relaxation; Aconite, tension.
E—Enervation.
L—Languor.
S—Spine and brain congestion.
Sexual weakness (Nux, Phosphoric acid, Natrum muriaticum.
Sight blurred.
Sluggish.
E—Electricity is an antidote.
M—Motor paralysis (sensory, Aconite).

Societies.

THE AMERICAN INSTITUTE MEETING.

The sixty-third annual meeting of the American Institute of Homœopathy convened at 11 A. M. Monday, June 17th, at the Inside Inn, Jamestown Exposition grounds, President E. B. Hooker, of Hartford, Conn., in the chair. After calling the meeting to order, the president briefly called attention to the facilities offered for the session and regretted his inability to carry out his proposed itinerary to various medical centers to interest them in the meeting, but gave due praise to the efficient work of the executive committee and to the secretary, Dr. Frank Kraft, in perfecting arrangements for the session. Second Vice-President Reily appointed Dr. J. H. McClelland, of Pittsburg; Dr. W. A. Dewey, of Ann Arbor; and Dr. Florence Ward, of San Francisco, a committee on the president's address.

The adoption of the order of business followed, several items being advanced to the meeting of the morning from other days. The treasurer reported a balance on hand of $956.37, and his report was referred to the auditing committee, consisting of Dr. N. B. Delamater, of Chicago; Dr. J. P. Sutherland, of Boston, and Dr. George Royal, of Des Moines.

The Committee on Publication reported through Dr. J. Richey Horner, and a unanimous vote of

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thanks was accorded him for his thorough and creditable work.

Dr. C. E. Verdier, of Norfolk, chairman of the local committee, made a brief report of the facilities for the meeting and the various entertainments offered the members by the management of attractions on the Warpath and other parts of the Exposition. Dr. W. R. King, of the Press Committee, reported favorably on the work done by it, and Dr. W. O. Forbes, of the Transportation Committee, reported also for that committee. The Monument Committee, through Dr. J. H. CcClelland, reported the satisfactory condition of the monument in Washington, and noted the increasing interest manifested in the same by visitors to the National Capital. Dr. Frank Kraft reported the satisfactory condition of the sufferers of our school in the San Francisco disaster, and the cheering fact that no more aid was required by them. The Board of Censors through the chairman, Dr. A. W. Bailey, of Atlantic City, reported twenty-eight applicants for membership, whereupon the morning session adjourned.

Memorial Exercises.

Owing to the absence of Dr. C. B. Kinyon, of Ann Arbor, the report of the necrologist was taken charge of by Dr. H. F. Biggar, of Cleveland. None of the writers of the obituary notices listed in the program were present. However, Dr. Alfred Drury, of Paterson, N. J., spoke of Dr. F. E. Doughty; Dr. J. R. Horner read Dr. D. H. Beckwith's eulogy on Dr. J. C. Sanders, and Dr. N. B. Delamater, of Chicago, spoke on Dr. Pemberton Dudley. Dr. H. F. Biggar made the closing remarks, and the exercises which were devoid of an invocation and music came to an end.

Regular Opening Exercises.

The regular opening exercises were held in the evening. After an invocation and music, Dr. C. E. Verdier, of Norfolk, Chairman of the Local Committee, made a cordial and gracious address of welcome to the Institute on the occasion of its first meeting south of Mason and Dixon's line. This was feelingly responded to by President Hooker, who afterwards delivered the president's annual address, which was an able paper, and one that was heartily appreciated by the large audience present. This was followed by an address by Dr. J. P. Sutherland, of Boston, on "Homœopathy, What It is, and What It has Done for Humanity." This was a clear-cut and classic exposition of the tenets of our system and its benefits, and one highly commended by all who had the good fortune to be present. A reception to the president and officers followed, and dancing closed the order of exercises.

Second Day Business Session.

The important events of this session were the rejection of the amendment proposed to the By-Laws changing the specified amount to be paid to the secretary, and that directing a change in the form and manner of the publication of the transactions. These were tabled, and under a reconsidered vote lost. The amendment doing away with a prerequisite membership in State societies to entitle to membership in the Institute was carried. Eligibility to such societies or to one of the sectional societies of the Institute is now sufficient for Institute membership. Thirteen applications for membership were received.

Bureau of Homœopathy.

The Bureau of Homœopathy, which had for its topic the perfecting of the organization of the homœopathic school, met in a morning and afternoon session. In the absence of the chairman, Dr. William Boericke, of San Francisco, the secretary, Dr. W. A. Dewey, presided. The various papers presented were read and fully discussed, and it was the universal testimony that these papers were of a high order of merit and value to the profession. The following resolutions were passed by the bureau and presented to the Institute:

Resolved, That a committee of seven members be selected to consider the feasibility of establishing a board for the promulgation of the homœopathic doctrine and institutions, and employing a field secretary and such office force as may be necessary to carry out its functions; and,

Resolved, That should this committee consider the matter favorably that at the next meeting of the Institute it report a detailed plan for carrying it into effect; and,

Resolved, In order that every phase of thought may be represented, that the committee be raised as follows: One member to be chosen by the seniors, one by the ex-presidents of the Institute, one by the intercollegiate committee, and three to be chosen by the president.

Third Day's Business Session.

The Interstate Committee reported through its chairman, Dr. J. B. Gregg Custis, the satisfactory work done this session, and the Institute adopted its report and adopted the following:

Resolutions Passed by Interstate Committee.

Be it resolved, That the American Institute of Homœopathy insist that an examination in materia medica and therapeutics shall be a necessary part of all tests for medical licensure, and we recommend, as representatives of the school of Homœopathy, that members of such school holding positions on examining boards, discountenance reciprocity with all States not having examinations in materia medica and therapeutics.

Be it resolved, That the American Institute of Homœopathy insists that in States where separate examining boards now exist they shall be continued, and we recommend to all legislative committees that they use every honorable effort to carry out the principles of this resolution, and that in any future legislation looking to the licensure to practice medicine, the school of Homœopathy shall be mentioned by name and be given a fixed representation.

Be it resolved, That the American Institute of Homœopathy recommend to each State society that they appoint a committee on legislation with a special view to the willingness and possibility of its members to be present at meetings of the legislature, when necessary, and that they keep accurate records of the professional and political associations of all members of the House and Senate composing the legislatures of their respective States, for use at the

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State capitals, and that the same be done in respect to members of the House and Senate composing the Congress of the United States, for use at the capital of the United States.

Be it resolved, That the American Institute of Homœopathy, while endorsing the present standard of medical education, looks forward to the elevation of that standard and pledges itself to meet and sustain any advance that may be deemed practical.

These resolutions were supplemented by similar resolutions presented by the Pennsylvania Homœopathic Society.

Report of Intercollegiate Committee.

Your Intercollegiate Committee is happy in being able to report that for the first time in several years in the total attendance and in the number of freshmen we have an increase over the previous year.

We also report that the Intercollegiate Committee through its chairman and secretary attended the meeting of the Council on Medical Education of the A. M. A. held in Chicago, April 29, 1907. The result of the work of that Council, as reported by our committee, has occupied the attention of the Intercollegiate Committee for three sessions. We feel sure that as a result the friends of and workers in Homœopathy and homœopathic colleges are more united and better prepared to preserve and promote the interest of Homœopathy.

We also incorporate as part of this report a communication from Dr. J. P. Sutherland pertaining to medical education.

We present the following for action:

Whereas, The teaching of homœopathic materia medica and therapeutics in certain well established and eminently successful State universities has resulted in the steady advancement of the cause of medical education, and has been of distinct benefit to the communities served by such universities; therefore,

Resolved, That the American Institute of Homœopathy through a special committee immediately take such steps as may be necessary to secure the establishment in State universities of schools, colleges or departments for the practical and adequate teaching of Homœopathy.

J. P. Sutherland, M. D.,
W. A. Dewey, M. D.,
George Royal, M. D.

Chas. E. Walton, M. D., Chairman Intercollegiate Committee.

These resolutions were adopted without dissent.

Report of Special Committee on Conference With the American Medical Association.

Dr. A. B. Norton, Chairman of this committee, reported in full the result of its deliberations with the committee of the A. M. A., and recommended the passage of the following resolution, which was immediately done by the Institute:

Resolved, That a Council on Medical Education to consist of five members shall be appointed one to serve five, one four, one three, one two, and one one year, respectively, and thereafter one member appointed each year to serve five years. The duties of this council shall be in the direction of equalizing and elevating the standard of medical education. To protect the interests of homœopathic colleges, to confer with and work along the same lines as the Council on Medical Education of the American Medical Association, the Association of American Medical Colleges, and the Intercollegiate Committee of the American Institute of Homœopathy, and to report annually to this body.

Election of Officers.

The election of officers for the ensuing year, which was made under the suspension of the By-Laws, resulted in the unanimous choice of the following by acclamation:

President, Dr. R. S. Copeland, Ann Arbor, Mich.

First Vice-President, Dr. W. E. Reily, Fulton, Mo.

Second Vice-President, Dr. J. Richey Horner, Cleveland, O.

Secretary, Dr. Frank Kraft, Cleveland, O.

Treasurer, Dr. Thos. Franklin Smith, New York.

A cablegram of greeting was read from Drs. Burford and Clarke, of London, honorary members of the Institute.

Council on Medical Education.

The committee on conference with the American Medical Association, with the approval of the Intercollegiate Committee, recommended the appointment of the following council on medical education, which recommendation was passed unanimously:

Dr. George Royal, Des Moines, Iowa, five years, Chairman.

Dr. Willis A. Dewey, Ann Arbor, Mich., four years, Secretary.

Dr. John B. Garrison, New York, N. Y., three years.

Dr. J. P. Sutherland, Boston, Mass., two years.

Dr. T. G. McConkey, San Francisco, Cal., one year.

Report of the Committee on Pharmacopœia.

Dr. T. H. Carmichael reported that several States had adopted the new pharmacopœia, and hoped that all of them would do so in the near future, and spoke of its importance in connection with the pure food laws.

Business Session of the Fourth Day.

Second Vice-President Reily was in the chair, owing to the illness of President Hooker, and several committees reported: The Auditing Committee; that of Dr. Linn on Vaccination; that of Dr. H. E. Beebe on Medical Examining Boards and Legislation, and that on New Members, by Dr. W. A. Paul. The reports of other committees are herewith appended. A telegram of greeting was received from Drs. Ward and Boericke, of San Francisco.

Place of Meeting.

The special order of business for the selection of the place of meeting was the absorbing topic from the gathering of the clans at the earliest hours. The climax was reached at the session devoted to that order of business. The places in nomination were Oklahoma City and Hot Springs, Arkansas. Dr. J. Hensley, of the former city, in an eloquent

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address, told of its facilities. He was ably seconded by Dr. Florence Ward, of San Francisco, and a number of enthusiastic devotees of the great Southwest. Dr. W. O. Forbes, of Hot Springs, related the facilities of that world-renowned resort, and he, too, was ably seconded. Although the sentiment seemed to be strongly in favor of Oklahoma, it remained for the Institute's orator, Dr. Charles E. Walton, of Cincinnati, to clinch the matter, cinch it, and make all other places in the universe impossible, which he proceeded to do, as follows:

Two Visions.

I stood on a bridge at midnight,
And gazed down into the stream;
O'er my head was the starlight;
I gazed as one in a dream.

I saw in the stream reflected
A vision that hung in the sky,
It gleamed out so unexpected
I wondered if I could be I.

There appeared a vast procession
Of figures facing the West;
Crowds of the Medic profession,
The place of meeting their quest.

They came from the East and Northland,
They came from the Sunny South,
From bee—and bird—and mothland,
With grumblings from every mouth.

Doubt was on the faces of some.
Faint hope on others appeared,
On all, forced smiles seemed to shield from
The disappointment they feared.

(**They were GOING to Oklahoma.**)

I woke with a start and shiver,
Wondering what this might mean,
Then gazed again in the river,
A second vision was seen.

A city with doors open wide,
Warm hearts and outstretched hands,
To welcome all comers inside;
A host, to those of all lands.

Crowds leaving the great attraction;
Faces still turned to the West.
Wreathed in supreme satisfaction
The riddle at last was guessed.

(**They HAD BEEN to Oklahoma.**)

The vote was overwhelmingly in favor of Oklahoma City, and the loyalty of the Hot Springs advocates was shown by their instantly arising to move the unanimous selection of that place for the meeting of 1908.

Dr. Hensley in a few words thanked the Institute for its choice, and assured the members that no stone would be left unturned to make the meeting a success, and as the doctor asserts that in Oklahoma they do not wait for things to turn up, but turn them up, we may rest secure in the fact that it is a well-chosen place for the 1908 session.

Report of Committee on President's Address.

Your committee begs to present its cordial approval of the very scholarly address of President Hooker, and recommends that the Institute give its many valuable suggestions most careful consideration.

We recommend that the admirable deliverance on the subject of improved sanitary conditions as applied to infancy and childhood, especially as relates to child labor, be referred to the Bureau of Pædology for special elaboration the coming year.

Your committee also approves of the proposition to place more general control of interstate sanitation and quarantine in the hands of the Federal Government; and that our colleges give more thorough instruction on the subject of sanitary science in order to increase the force of trained sanitarians.

President Hooker calls renewed attention to the developments in serum therapy as confirmatory of the homœopathic law of cure.

The increasingly friendly attitude of the old school to the new is noted, and your committee records its entire sympathy with the attitude of the president, viz., the desirability of cordial relations and co-operation in all that pertains to the advancement of professional interests and the science of medicine, but that amalgamation of the schools is impracticable and unadvisable.

We recommend that the Institute re-affirm this position.

We recommend the adoption of the proposal to incorporate the Institute, and that the matter be referred to a special committee, with President Hooker as chairman, to prepare the articles and report next year.

We recommend that the valuable suggestions with reference to an Institute journal or bulletin be referred to the Committee on Institute Journal, which has had the subject in hand, and is now giving it careful attention.

The proposition to exact dues from the seniors is noted, and we recommend that it be referred to the Senate of Seniors for report next year.

Your committee believes it would be highly advisable to have the members of the Executive Committee composed of members residing in the same locality, but see no way to accomplish this at present. The same may be said of the Publication Committee.

Your committee finally commends the address, as a whole, to the thoughtful consideration of the Institute, well meriting a careful reading when opportunity offers.

Respectfully submitted,
J. H. McClelland,
Florence Ward,
W. A. Dewey.

Report of the Institute of Drug Proving.

The Institute of Drug Proving considers that they have made greater strides during the past year than

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ever before in their history. They have, at least, fully agreed on a practical method of pursuing their work, for which purpose they were organized. They find new interest aroused among our colleges and chairs of materia medica. Some of our leading colleges have appointed directors of drug provings. This means that we will find similar departments established in all. The departments of materia medica in five of our leading colleges have agreed to systematically pursue the proving of a drug which has been already selected by the Institute; the provings to be in accordance with their scheme, with such amendments as the committee may from time to time approve of. The day books of these provers to be subject to supervision by a committee of the Institute and all publications to receive their seal. This is made possible by a donation of $500 per annum, which is secured by the simple presentation of the needs of our institution and our wishes were met by one of the trustees. The basis upon which this agreement is founded is that provers are to be regularly engaged at a fixed per diem wage, and to be under the supervision of a director during the provings. All special examinations are to be made by the men having charge of the special departments in the several colleges. Their services to be given gratis, and the special expense for material or apparatus to be met by the Institute of Drug Proving.

In the absence of the treasurer I read his report. In addition to that report I would mention the $500 which is on call. The trustees of the Institute would be glad of any assistance possible, and to give the details of the practical scheme which they can present to any of their patients whom they think would be sufficiently interested in having the provings of any particular drug.

Dr. J. B. Gregg Custis,
Chairman.

Treasurer's Report.

The treasurer's report showed a balance of $369.37 cash on hand, deposited in a bank and drawing 2 per cent. interest. Besides this there are three bonds each of $1.000 of the Reading and Central New Jersey 4's, which draw interest semi-annually, April 1st and October 1st, deposited in the treasurer's box in the safe deposit company.

Bureau and Committee Appointments for 1908.

The following were appointed as a working corps for the ensuing year:

Bureau of Homœopathy, R. F. Rabe M. D., New York.

Bureau of Materia Medica, James T. Kent, M. D., Chicago.

Bureau of Clinical Medicine, A. M. Duffield, M. D., Citronelle, Ala.

Bureau of Sanitary Science, A. E. Smith, M. D., of Illinois.

Bureau of Pædology, W. B. Hinsdale, M. D., Ann Arbor.

Memorial Services, David A. Strickler, M. D., Chairman; W. B. Carpenter, M. D., Columbus, O.; Jas. A. Campbell, M. D., St. Louis, Mo.

Transportation, W. O. Forbes, M. D., Hot Springs, Ark.; Jas. Hensley, M. D., Oklahoma City; Jno. B. Garrison, M. D., New York.

Organization, Registration and Statistics, T. Franklin Smith, M. D., New York, Chairman; H. C. Aldrich, M. D., Minneapolis, Minn.; Carl J. Luyties, M. D., St. Louis, Mo.

Press Committee, W. Rufus King, M. D., Washington, Chairman; Frank B. Humphrey, M. D., Oklahoma City.

Publication Committee, Frank Kraft, M. D., Cleveland, O., Chairman; Jas. C. Wood, M. D., Cleveland; Hudson D. Bishop, M. D., Cleveland.

Resolutions, J. P. Cobb, M. D., Chicago, Chairman; J. Richey Horner, M. D., Cleveland; C. E. Walton, M. D., Cincinnati; Geo. Royal, M. D., Des Moines, Ia.

International Bureau of Homœopathy, Geo. B. Peck, M. D., Providence, R. I.; Chas. E. Sanford, M. D., Bridgeport, Conn.

Homœopathic Pharmacopœia, T. H. Carmichael, M. D., Philadelphia, Chairman; J. W. Clapp, M. D., Boston, Secretary; Lewis Sherman, M. D., Milwaukee; Wm. Boericke, M. D., San Francisco; Chas. Mohr, M. D., Philadelphia.

Institute Journal, Geo. Royal, M. D., Des Moines, Chairman; J. H. McClelland, M. D., Pittsburg; B. F. Bailey, M. D., Lincoln; Chas. E. Kahlke, M. D., Chicago; R. S. Copeland, M. D., Ann Arbor; D. A. Strickler, M. D., Denver; Frank Kraft, M. D., Cleveland.

Committee on New Members, W. A. Paul, M. D., Boston, Chairman; B. F. Bailey, M. D., Lincoln, Neb.; W. E. Hirzel, San Antonio, Texas; W. E. Reily, M. D., Fulton, Mo.

The Formation of a National Association for Clinical Research, Walter Wesselhœft, Cambridge, Chairman.

Business Session of Last Day.

Owing to the continued illness of President Hooker and the absence of the vice-presidents, ex-President Dr. J. B. Gregg Custis presided. The Resolutions Committee reported through the acting chairman, Dr. J. Richey Horner. A resolution was passed instructing the Publication Committee to have reprints made of Dr. C. W. Eaton's address on "Vaccination" in the Sanitary Science Bureau, and to have them sent to every homœopathic physician of the United States not members of the Institute. This seems to be a practical endorsement of the question of internal vaccination. Votes of thanks were given to President Hooker, the Inside Inn, the Kentucky Building Committee, and the annual meeting was adjourned.

Report of the Resolutions Committee.

From Bureau of Homœopathy.

1. Resolved, That a committee of seven members be selected by the president to consider the feasibility of establishing a board for the promulgation of the homœopathic doctrine and institutions and employing a field secretary and such office force as may be necessary to carry out its functions.

2. Resolved, That this committee be instructed to consider the matter favorably that at the next

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meeting of the Institute it report a detailed plan for carrying it into effect.

Recommended by committee in this form and adopted.

The change in the method of appointment was considered more efficacious than that originally offered by the Bureau.

From Bureau of Sanitary Science.

Resolved, That when the authorities of a municipality or State require vaccination, the employment of any method of prophylaxis endorsed by any homœopathic society should be accepted by the health officers and school authorities as full compliance with all legal requirements.

The committee considered it unwise for the Institute to legislate upon this matter, and, therefore, recommended that the resolution be not adopted, and it was so decided.

From the Committee on Medical Examining Boards and Medical Legislation.

Be it resolved, That the Interstate Committee be instructed that whenever any effort is shown to destroy the separate examining boards where they now exist, lower the standards of medical licensure, or lessen the reputation of the school of Homœopathy by special mention, that they insist upon the separate examining boards for the graduates of their schools or the members of their societies.

Recommended by committee and adopted.

Resolved, That a committee of three be appointed by the president to confer with the committee in charge of the International Tuberculosis Congress to be held in Washington, D. C., in 1908 to arrange for the due representation of homœopathic physicians in the Congress.

Recommended by committee and adopted.

The committee gave notice of the following proposed amendments to the Constitution, By-Laws or standing resolutions, respectively: To alter the resolution concerning the selection of the place of meeting for the Institute as to provide that in addition to requiring the presentation of invitations ninety days previous to the opening of the current session for the year, and the investigation by the Executive Committee of that year, of the places so named that the officers-elect for the coming year constituting the Executive Committee for that year be empowered to select the place for meeting, and instructed to report to the Institute before final adjournment of the session.

To amend Article VI., Section 6, subdivision B, omitting the following: "The Ophthalmological, Otological and Laryngological Society of the American Institute of Homœopathy."

Same article, same section, subdivision D, to omit. "The Electro-Therapeutic Society of the American Institute of Homœopathy."

Same article, same section, to add: "As a separate subdivision: "The Psychological and Neurological Society of the American Institute of Homœopathy."

To amend Article VII., Section 1, subdivision B, omitting the word "International" and substituting the word "Inter," to make the word read "Interstate" Committee.

Same article, section 6, line 3, omitting the word "and" and substituting the word "in."

J. P. Cobb,
A. B. Norton,
J. Richey Horner,
Secretary.

Materia Medica Bureau.

Under the able chairmanship of Dr. V. H. Hallman, of Hot Springs, Ark., and secretaryship of Dr. R. F. Rabe, of New York, this important bureau held its scheduled sessions. Much interest was brought forth by Dr. Royal's paper on a Study of New Provings. Tuberculinum, by Dr. Rabe was another good paper; in fact, all presented were good. It seems a pity that committee and other business work of the Institute interferes with the Bureaux and Sectional Societies. Those who were present informed those who were not that the latter missed a fine bureau.

Bureau of Clinical Medicine.

In the absence of Dr. C. E. Sawyer, Dr. H. D. Bishop, of Cleveland, presided. The opsonic index received attention at this bureau, and much valuable discussion was elicited. Although some twelve or thirteen of the names appearing on the schedule were absent, the six remaining filled the bill with excellent material. Admitting that six papers are enough for this or any bureau, the necessity of placing some twenty on the program to get them is well illustrated.

Bureau of Pædology.

This bureau had a successful session; of the notable papers that of the chairman, Dr. H. H. Baker, of Chicago, and that of Dr. Stuart Close, of Brooklyn, stand pre-eminent. The symposium on Rachitis with papers by Drs. Z. T. Miller, of Pittsburg; John Hutchinson and B. G. Clark, of New York, was reported as excellent, likewise the symposium on Tuberculosis, which had papers by Drs. A. L. Blackwood, of Chicago; W. R. Stewart, of Indianapolis, and E. A. Severinghaus, of New Albany, Indiana. The division of Syphilis was well represented by a single paper by Dr. J. A. Lenfestey, of Mt. Clemens, Michigan. It was a bureau that was especially well conducted.

Bureau of Sanitary Science.

Under the direction of Dr. Hills Cole, of New York, this bureau held its metings, and several important papers were read. The chief of these was "The Facts About Variolinum," by Dr. Charles Woodhull Eaton, of Des Moines, Iowa. Another important paper was on "The Improvement of Market Milk," by E. M. Santee, dairy expert United States Department of Agriculture, Washington, D. C. The salient points of the paper were the careful feeding and cleansing of the cows, the early chilling of the milk, the bottling and sealing of the same and the keeping it in a cool condition. Dr. A. E. Smith, of Freeport, read a paper on "Sanatoria for Consumptives," and Dr. Hills Cole on "Orthopedics." The bureau was a success in every way.

The Surgical and Gynæcological Society.

This large affiliated society held several meetings under the chairmanship of Dr. Dean T. Smith, of

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Ann Arbor, who presided in place of Dr. Horace Packard, of Boston, who was not present. Out of twenty-six papers scheduled to be presented to this society the writers of seventeen were absent. We do not think the bureau suffered at all when such faithful and splendid writers on surgical topics as Roberts, Macdonald, Biggar, Terry, Runnels, McElwee, Buchanan, Chase, were present; indeed, the discussion evoked by their papers supplied interest enough for the society, for they kept at it until the close, and it was voted a successful session.

The Obstetrical Society.

This society had most interesting sessions with Dr. Florence S. Ward, of San Francisco, in the chair, whose president's address, entitled "Modern Obstetrics," was considered the best of it all. Dr. Buchanan's "Anæsthesia in Obstetrics" was another notable paper; that of Dr. George W. Roberts, of New York, was especially distinctive, and the consideration of the "Toxæmias of Pregnancy" elicited much happy discussion. Dr. H. C. Aldrich, of Minneapolis, was elected president for 1908, and Dr. Gilbert Fitzpatrick, of Chicago, secretary. Fourteen new members were added.

The Society of Neurology.

This society held a profitable session, and several instructive papers were read. Dr. Frank C. Richardson was elected president, Dr. John E. Wilson vice president, and Dr. N. B. Delamater secretary. About fifty members were registered as belonging to this society. It was voted to have a winter meeting in New York next winter.

The O., O. and L. Society.

Many sessions were held by this society, and the attendance was good. Dr. E. L. Mann presided. The papers were of a high order of technical interest. A special feature of the meeting was the presence of Dr. C. L. Coakley, of New York, a noted allopathic authority on nasal work. Dr. Coakley exhibited skiagraph plates of the nasal sinuses, and presented the subject in a clear and most instructive manner, and the society was much honored by his presence. Several of Norfolk's prominent allopaths where present.

The election of officers for 1908 resulted as follows: President, Dr. D. Wells, of Boston; First Vice-President, Dr. Z. T. Short, of Hot Springs, Ark.; Second Vice-President, Dr. J. L. Moffat, of Brooklyn; Secretary, Dr. H. S. Weaver, of Philadelphia.

The Society of Physical Therapeutics.

This society held its scheduled meetings, and was of much interest. A number of good papers were read. We failed to get the report of the election of officers for 1908, but hope to present them in our August issue.

The Senate of Seniors.

The Senate of Seniors advised that the number of honorary presidents of the Institute be but one each year, and recommended the name of Dr. H. L. Chase, of Boston, for the first honorary president of the American Institute. Resolutions were passed affirming the Code of Ethics, and it was recommended that 10,000 copies of Dr. Sutherland's address on the evening of the opening exercises be issued and distributed.

The Attendance.

The total number of members registered in attendance was in the neighborhood of 250, and an equal number of visitors were present. The number of new members admitted was sixty-four.

The Local Committee.

Under the chairmanship of Dr. C. E. Verdier, of Norfolk, labored under many difficulties. The management of the Inside Inn was a decidedly slippery one, to say nothing of its utter disregard for contracts or its word, but it butted against an aggregation that could not be terrorized. The points contested always resulted in our favor, and, on the whole, very little discontent was noted. Of course, venesection in every department of the hotel was the order, the food was not of the best, and there was a raise in price all along the line. However, we did very well, the general meeting room was good, the sectional societies fared poorly, but it was all under one roof, and we were happy. The Marine restaurant was in the neighborhood, and secured a good trade, which the short-sighted management of the Inside Inn lost. The occupants of the rooms paid daily for the furniture contained in them, but after all why complain? Chairman Verdier is to be heartily congratulated for his efforts. If he fell short of what he expected or promised it was certainly not his fault. He did better than anyone else could have done in his place, and we heard no complaints in seriousness.

Unanimous Club Dinner.

A special dinner was held at the Marine restaurant, arranged for by the grand satrap of the club, Dr. John B. Garrison. The dinner was all right, the music by the Scandinavian Orchestra was of very high order, "Swampy" was patient, and the toast master, Dr. W. R. King, had men about him that were fat. Speeches were made by President-elect Copeland, who scored Watson's and O, it was good. Dr. T. L. Macdonald's reminiscent poem was not received with that coldness the topic suggested, but it was the best of the evening (to that time). Richardson tried to bury Clancy, and gave us a classic right from the fors Romana, whose Zephirous delicacy caused the midnight air to resound with hilarity. McClelland, Cobb, Roberts and, of course, Walton. But why say anything of these? They are known and their fame is secure. The dinner was one more good thing of life that makes it worth living.

The Exhibitors.

These unfortunate individuals were decidedly up against it. They installed their exhibits in the convention hall where they understood the meetings were to be held. The Institute decided to remain in the Inside Inn, and there was some difficulty in arranging with the management for them to show at that place, and things were in the air for a day or two, but the energy of President Hooker and his corps of associates soon settled matters, and a number of fine exhibitions were in evidence. Some, however, refused to exhibit, and did not unpack. No-

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body seemed to be blamable. The following is a partial list of the exhibitors:

Messrs. Boericke & Runyon, of New York, exhibited a live specimen of the Crotalus Cascavella, which was presented to the Institute through them by Dr. J. Murtinho, of Rio de Janeiro, Brazil. The exhibit was in charge of Mr. A. Fox and Mr. E. W. Runyon. Samples of the triturations were furnished gratis to those interested. A fine display of books and medicines were also upon exhibition. The snake was a fine specimen, and is to be kept in the Bronx Zoological Gardens.

Messrs. Boericke & Tafel also exhibited some of their latest publications. Dr. M. R. French was in charge. Mr. E. P. Anshutz and Gustav Tafel were also present.

The Welch Grape Juice Co. had a fine exhibit, and their booth was always a refreshing oasis.

Mellin's Food people distributed samples of their excellent product.

The Denver Chemical Co. showed Antiphlogistine.

Others were:

Borden's Malted Milk, represented by Dr. W. E. J. Kirk and A. C. Halsey.

Arlington Chemical Company, New York, represented by W. A. Bryson and C. H. Pearson.

Kress & Owen, New York, represented by Dr. H. S. Turner..

E. Fougera & Company, New York; Rigaud & Chapoteaut, Paris, represented by R. C. Pursell, Robert Thomas Bryant and Gustave Foullon..

Among other firms represented by exhibits were the following: Walton Oxygen Co., Pinoleum, Allison & Co., Electrical and Surgical Instrument Co., of Rochester, N. Y.; Horlick's and Eskay's Foods, Lentz & Co., Keystone Electric Co., Ballardale Water, Phillips Chemical Co., Keasby & Mattison, De Vibliss Atomizers, Boston Vibratory Outfit and others.

Paul's Oklahoma Member-Seekers' Excursion.

Returning from the Institute to Washington on the steamer Jamestown a movement was inaugurated by Chairman Paul, of the New Members' Committee, that we believe will have a far-reaching effect. There were on the boat between twenty and thirty homœopathic physicians. Dr. Paul assembled these together on the forward deck, and requested each individual to pledge himself to secure a certain number of new members for 1908. These physicians represented eleven States, Canada, and the District of Columbia. On a final talley it was found that they had pledged themselves to secure 115 new members for 1908. As an illustration of the value of such a movement we cannot help but cite the case of Dr. Gary, of Boston, who pledged herself to secure two members during the year. Being a Vermonter by birth, and, like all Vermonters, rather inclined to deeds than words, she strolled about the boat and soon returned with a physician who had been to Jamestown and was returning without having joined the Institute as the first pledged member for 1908, and we may rest assured his name will be in that great list. We hope to publish in our next issue a picture of this aggregation. You can figure out yourself what it would mean if every thirty members of the Institute would pledge themselves to get 115 new members for 1908. There would be plenty of room in Oklahoma for all of them, if not Dr. Hensley would "turn 'em up" to make room. Let us keep at it. The Medical Century may be written to for blank applications. Commence now. Get their promises, and next May get their money, which is now $5.00, and this means that a year's dues are paid in advance. Eligibility to, not necessarily membership in a State society is sufficient. Oklahoma is a boom State. Let us get into the movement and boom Homœopathy, and go there with 2,000 new members. We can do it, and if you don't believe it, ask Paul.

The Meissen Society.

This society under the able presidency of Mrs. L. B. Swormstedt, of Washington, was specially active. There was plenty of entertainment at the Exposition grounds, and from all we hear, the ladies had a grand time. We regret being unable to give the officers for 1908.

THE ILLINOIS HOMŒOPATHIC ASSOCIATION.

The meeting of the Illinois Homœopathic Association was held at the Sherman House, Chicago, the third week in May. The session lasted four days. There was a registered attendance of members and visitors of 422 physicians. Sixty-two new members were admitted, and the attendance exceeded that of the Illinois Allopathic Society by more than sixty. Illinois is a specially strong homœopathic State, and this is exceedingly gratifying news. Arrangements were made for the establishment of a tent colony, which is the first to be established under the auspices of a homœopathic society. A clinical day at the Hahnemann College was a special feature; it was attended by over 300 physicians, twenty-three major operations were performed, one obstetric case conducted, and twelve hours devoted to clinics in non-surgical specialties.

The materia medica session was especially profitable; an excellent paper on Tuberculinum was presented by Dr. A. L. Blackwood, which appeared in our last issue. Dr. G. A. Leach read an interesting paper, and Dr. Dienst, of Naperville, read an amusing and satirical paper full of wholesome truths on "Why I Do Not Study the Homœopathic Materia Medica." Dr. A. C. Cowperthwaite presided at this section. We are awaiting the report of the secretary as to the work in the other bureaus and the general business done by the association.

Norton's Pocket Medical Formulary.

New (8th) edition, revised to accord with the new U. S. Pharmacopœia. Containing about 2,000 prescriptions with indications for their use. In one leather bound volume. Price, $1.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907.

Better than all preceding editions. Diseases and indications for formulæ are well arranged and revised to accord with the new U. S. Pharmacopœia.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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JULY 1, 1907.

Editorial.

THE NORFOLK MEETING OF THE INSTITUTE.

The sixty-third annual session of the American Institute held at Norfolk last month was a notable meeting in many respects. In the first place, it was what might be called a small meeting, one of the smallest in years; but no smaller in comparison to the number of members, nor as small, as the American Medical Association meeting at Atlantic City earlier in the month. We had over ten per cent. of our members present, and less than ten per cent. of theirs attended. It seems to be an off year for meetings all around. However, the convention at Norfolk was one of the best we have had for years when one considers the actual work done for Homœopathy. As we said in our last issue, there was much work to do for the Intercollegiate and Inter-State Committees, and we are glad to report that they did it, and did it well. Perhaps the most important work of the Intercollegiate Committee was to approve the report of the Committee on Conference with the American Medical Association, and adopt its recommendations requesting the Institute to appoint a Council on Medical Education to supervise the educational institutions of our school, to confer, if deemed wise, with the Council on Medical Education of the A. M. A., the American Association of Medical Colleges and the Intercollegiate Commitee, and to report annually to the Institute.

This new-made Council on Medical Education consists of five members, and it is a much more practical committee than the Intercollegiate Committee. The latter should normally be formed by thirty-six delegates, two from each college; there was always a lack of continuity in the work of this committee due to the fact that the same delegates were not sent from each college year after year. We have been a tolerably constant delegate to this committee for fourteen years, yet at this meeting there were a half dozen new faces. We have known sub-committees to be appointed at one meeting to make certain investigations and report at the next; when the next meeting came these members were not present because their institution was represented by other delegates. The Council on Medical Education is a more wieldy committee, and one that should handle the problems of medical education in a practical way. We believe they will go energetically to work to strengthen all of our teaching institutions, and as it is a permanent committee, much good and continuous work will be done.

Another important resolution was passed by the Intercollegiate Committee looking to the securing of schools, colleges or departments in all universities for the adequate teaching of Homœopathy. This is a grand move, and we trust the committee appointed for the purpose will make itself especially busy. We have not yet learned who is to compose the committee, nor who appoints the same.

The Interstate Committee did more work than they have done in years, and good work, too. Their report will be found in our general Institute report. It was a committee that had large meetings, to which members of the Intercollegiate Committee were invited, and the interest taken was very marked.

With nothing more accomplished than the work done by these two committees and the Institute's creating the Council on Medical Education, the meeting may be said to have been a successful one. The Bureau of Homœopathy was composed of practical papers, and the result was the appointment of a committee to report on the feasibility of a field secretary or organizer at the next session. Nearly all present, we believe, saw the practicability and necessity for such a movement, but could not see the financial solution of the question.

Oklahoma won out easily. The next meeting is to be in the great Southwest, and it will be a great meeting we prophesy, and in order to succeed out there we must employ boom methods. We must get 2,000 new members. Each member of the Institute must send in one name, at least. It can be done, and we expect to keep at the profession on this question from now until the time of the meeting. So commence at once to secure your new members. Send for application blanks to the Medical Century. We will have a supply on hand. Let us make the Eastern skeptics sit up and take notice. Remember that in Oklahoma they do not wait for things to turn up, they "turn 'em up."

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EDITORIAL BREVITIES.

The New York Medical Law.

The New York Sun has this to say upon the change in the New York law:

"It is a little difficult to see any logical justification for this change. The only ground upon which the State can properly require a person to pass an examination before permitting him to practice medicine is that such a regulation is necessary for the protection of the community against unqualified practitioners; and it does seem rather absurd to prescribe an examination in all other branches of medicine and surgery except those which have to do with the selection and administration of drugs and the treatment of the patient. These matters would appear to be of the utmost importance; yet they are relegated to the medical colleges, while the State *provides* for an examination in subjects which, while they are no doubt of very great importance, are important only as leading up to actual practice. If the medical colleges can safely be allowed to give all the instruction necessary in reference to medicines and treatment, why cannot they be equally trusted to teach everything that a medical practitioner ought to know?"

This is good sound horse sense, and the last sentence of it is good doctrine, a doctrine we hope to see at work in New York as soon as another legislature can meet and pass upon it.

The Sending of Patients to Health Resort Physicians.

One of the important questions for doctors all over the country to decide is the choice of practitioners in health, summer and winter resorts to whom they may recommend patients. There is much rivalry in the securing of this summer, winter and resort trade by the physicians of these places; in some "cappers" are sent out to secure the business, in others the physician himself uses various methods to secure it. One of these is to pose as an allopath to allopathic families, and as a Homœopath to homœopathic families. We have heard of Homœopaths joining the A. M. A. simply to get this trade. We would, therefore, urge that physicians inform themselves as to what kind of Homœopaths they are sending their patients, and if found to be of the bi-medical sect, and no other can be had, furnish them with Malans' Family Guide and a case of homœopathic remedies. They will be safer physically and financially.

TWENTY-FIFTH ANNIVERSARY REUNION OF THE CLASS OF '82, N. Y. H. M. C.

Fifteen members of the Class of '82 met in New York City on the evening of May 15th, at the invitation of Dr. John B. Garrison, of the Class, to celebrate the twenty-fifth anniversary of their graduation. There are thirty members still living, out of an original membership of thirty-six, but only fifteen could be present, various reasons being given for their not showing their faces at the place appointed. Those present were:

Dr. L. D. Broughton, Brooklyn, N. Y.
Dr. Mott D. Cannon, Manhattan, N. Y.
Dr. J. L. Daniels, Manhattan.
Dr. John B. Garrison, Manhattan.
Dr. Freemont Hamilton, Brattleboro, Vt.
Dr. William Harvey King, Manhattan.
Dr. E. B. Lambert, Port Jervis, N. Y.
Dr. F. H. Lutze, Brooklyn, N. Y.
Dr. A. C. Norton, Middletown Springs, Vt.
Dr. Willis Putney, Milford, Conn.
Dr. Daniel H. Riggs, Washington, D. C.
Dr. F. G. Ritchie, Manhattan.
Dr. George Royal, Des Moines, Ia.
Dr. R. E. Townsend, Manhattan.
Dr. Edwin S. Vail, Enfield, Conn.

The meeting was held and the dinner served at the Republican Club of the City of New York, and after appetite had been duly conquered, each member spoke in memory of old times, and the evening was passed with pleasure and gratification to all.

Editor's Table.

GENERAL NOTES.

There is some feeling among our physicians in health resorts, not alone in the North, but especially in the South, on the question of referring patients. Those who refer patients to homœopathic physicians in health resorts should ascertain if they the really Homœopaths or not. Some have joined the A. M. A. to get trade, and these should be "shown." Let us send our patients to loyal homœopathic physicians and see that they get there.

Although we received no invitation or a program of the graduating exercises of Hahnemann College of Philadelphia, we are informed that sometime last month these exercises were held, and that the graduating class numbered forty-eight, and that the banquet which followed was an enjoyable occasion.

The Homœopathic Medical Society of Pennsylvania will meet in Pittsburg in September.

We have received from Dr. O. S. Runnels, of Indianapolis, a reprint of a paper read before the Indianapolis Literary Club, entitled "The Human Handicap," which is the appendix, of course.

Dr. L. P. Posey announces his removal to No. 1807 Walnut street, Philadelphia, Pa.

Dr. J. P. Sutherland and wife are to spend several weeks in the land of Burns and Sir Walter Scott.

Dr. A. B. Norton and family go on a camping expedition to the Yellowstone Park and Rocky Mountain region for the summer months.

Good locations are constantly coming in to the Medical Century office. Another homœopathic physician is wanted at Peru, Ill., population 8,000.

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Plano, Ill., with 2,000 has no Homœopath; one is wanted. Oconto, Wisconsin, with a population of 4 000, is a good location for a homœopathic physician.

At the last meeting of the Toledo Homœopathic Club for the season, held June 10th, Dr. A. T. Barnum read a paper on the Surgical treatment of Renal Calculus. A social session followed.

Dr. Owen C. Rees, of Toledo, is doing Europe this summer.

Dr. D. D. Stevens, of 49 West 83d street, spends the summer in Europe. Dr. Thomas, of 243 West 99th street, has charge of his practice.

The Essex County Homœopathic Medical Society held its annual meeting on June 14th in Newark. The paper of the evening was given by Dr. Geo. F. Laidlaw, of New York, who took for a subject "A Demonstration of the Taking of the Opsonic Index of the Blood and the Making of Bacterial Vaccines." It was a most instructive paper and much appreciated.

It was with pleasure that we learned that Dr. J. H. Ball, of Bay City, Mich., received the appointment from Governor Warner as a member of the Michigan State Board of Medical Examiners. Dr. Ball is a thorough Homœopath, not one by mere affiliation, and we rejoice in his appointment; there will be something besides inocuous desuetude or masterly inactivity in the homœopathic membership of the Michigan board hereafter, we trust.

We regret to learn that Dr. Cowperthwaite has been quite ill for some weeks. We sincerely hope by this time that he has recovered.

Dr. Louis R. Kaufman has recently become editor of the Chironian.

Dr. J. S. Gaines is attending physician to the M. E. Church Home for Aged Members.

SOME INSTITUTE NOTES.

And Kraft was there, as he expected to be, and was on hand at the meetings promptly. We hope long before another year rolls around he will be on his pins in good shape. He is improving right along, and the Institute outing was a good thing for him. His chair was the executive center of the Institute.

Drs. Schultze and Junkerman, die zwei Deutsche Zwillinge aus Ohio, were present, and always good natured. And say, they can both write good papers, too.

The old legislative warhorse of Pennsylvania, Korndœrfer, was as forceful as ever; but there is Tuller to be reckoned with; he will be, if he is not already, the great legislative man of the school.

There were many faces missed, Lee, Peck, Rand, Bailey, Kinyon, Mohr, Strickler, Wilcox, Walcott, Porter, Sawyer, Carleton, Aldrich, Geohegan, Wood, Gibson, who have been such faithful attendants, were absent. But they will be at Oklahoma.

The Hot Spring advocates worked hard for a day or two for that place of meeting, but did it fair, were fairly defeated and made many friends. We will go there some day when they all want us.

Dr. Florence Ward is a favorite everywhere. Guess she is the most popular member of the Institute. She presides with grace, and her speeches are forceful. Witness her seconding of Oklahoma as the meeting place.

Dr. Hugh M. Beebe, son of the popular Dr. H. E. Beebe, of Sidney, Ohio, was made a member of the Institute the same day he received his diploma from the Homœopathic Department of the University of Michigan.

Cleveland Homœopathic College was represented by the royal sextet of good fellows, Schneider, Bishop, Phillips, Staples, Siemon and Nobles, all men with good ideas, and we will not confine this to these men alone, for we presume there are others just as good in that institution.

General M. O. Terry, with his estimable wife, were daily visitors. Their yacht was anchored in Hampton Roads, and it was one of our chief regrets to be unable to accept a most pressing invitation to visit them.

MINNESOTA MENTION.

BY HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. Paul A. Higbee, Minneapolis, after a winter in the South, has had another operation for disease of the pelvic bones at the hands of an old school surgeon, and is, we are pleased to report, doing nicely.

Dr. Louisa M. Hayes, Minneapolis, is very low with malignant disease of the pelvis.

Dr. F. C. Bowman, of Duluth, has had the great misfortune to lose his wife recently.

Dr. Bertha Newkirk, Minneapolis, has recently returned from an extensive course of study in Europe, and has been offered a position as assistant physician at the Fergus Falls State Hospital for the insane.

Dr. Jane G. Purmont, for several years assistant physician at the Third State Hospital at Fergus Falls, has resigned and gone to Brooklyn, N. Y., where she intends to enter practice.

Dr. J. D. Waller has removed from Maple Plain, Minnesota, to Denbigh, N. D.

Dr. Louisa M. Hayes, of Minneapolis, has been confined to her bed for some months with a recurrent uterus cancer.

Dr. Paul A. Higbee recently had a pus pocket operated in Scarpa's triangle of the right thigh, a condition consequent upon his long continued illness.

Drs. O. E. Stewart, of Bricelyn, and E. L. Hall, of Russell, Minn., report the visit of a stork at their respective homes early in the year.

Dr. B. H. Odgen, of St. Paul, is sojourning in California, endeavoring to win back his health.

Dr. H. D. Newkirk has recently returned to Minnapolis from Tacoma, Wash.

OBITUARY.

Dr. Charles B. Gilbert.

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Of Washington, D. C., one of the best known, old-

est and most highly respected homœopathic physicians of that city, died on June 14th.

Dr. Frederick W. Hicks.

Of Baltimore, Md. Southern Homœopathic College, Baltimore, Md., 1907, æt. 30.

Dr. F. W. Noyes.

Of North Adams, Mich., May 12th. Cleveland Homœopathic College, 1865.

Dr. E. R. Eggleston.

Mt. Vernon, Ohio, June 18th. (A more extended notice later.)

Dr. K. C. Bemis.

Hering Medical College, 1903, formerly at Merriam Park, a suburb of St. Paul, died of tuberculosis at Wheaton, Minnesota, April 23, 1907.

Dr. Geo. E. Dennis.

Minneapolis, died May 22d, of cancer of the pancreas, involving the common duct of the pancreas and liver after an illness of three or four months. Dr. Dennis graduated from Hahnemann College, Chicago, in 1883, and began practice in Minneapolis.

Dr. Dennis leaves a wife and four adult children. He was sixty-seven years of age. He was born in Wayne county, Michigan, and was a veteran of the war of the Rebellion, having served in one of the Michigan cavalry regiments.

MINNESOTA'S FORTY-FIRST ANNUAL MEETING.

Secretary Norman M. Smith, of Minneapolis, certainly did nobly and produced one of the best programs and subsequently the best meeting of the Minnesota State Homœopathic Institute that it has been my fortune to attend in the nineteen years that I have been a member.

The local committee of arrangements under the guidance of Chairman A. E. Comstock, of St. Paul, aided by his charming wife, on the evening of the second day, Wednesday, May 22d, provided a most enjoyable banquet, one to be remembered both for its intellectual and gastronomical treats. The menu cards and table decorations in the shape of the well known red cross, were very fetching. On Thursday evening, May 23d, Dr. and Mrs. E. L. Mann, threw open their fine home for a reception to the members and visitors, and a fine musical program was rendered, much to the enjoyment of the large number in attendance.

On the evening of the first day of the session occurred the memorial exercises presided over by the writer. This being the first time when such exercises have been held, there having gone out from the members and associates seven bright and shining lights, as follows: Drs. K. C. Bemis, of Merriam Park; A. W. Cummings, Sauk Center; F. J. Gray, formerly of Minneapolis; W. H. Leonard, the dean of our school in the State; W. W. Routh, formerly of Duluth; S. W. Rutledge, Grand Forks, N. D., and L. D. Shipman, Minneapolis.

The same evening, at a later hour, occurred the annual meeting of the Alumni Association of the College of Homœopathic Medicine and Surgery of the Minnesota University, which meeting was addressed by Dr. T. C. Bowman in an extremely able and interesting manner on statistics and the simple life. Other papers were read, and an enthusiastic discussion of the status quo of the college with reports of committees, etc., etc., finished the work of the association and one of its best meetings.

The following were among the papers presented during the session of the Institute:

Retro-displacements of the Uterus, by R. R. Rome, Minneapolis; When to Operate for Retained Placenta, by F. C. Spates, St. Paul; The Homœopathic Aspect of Obstetrics, by S. K. Richardson, Minneapolis; Hyoscine in Obstetric Anæsthesia, by H. O. Skinner, St. Paul; The Simplicity of the Homœopathic Law, by Geo. E. Clark, Stillwater; Homœopathy vs. Pathology, by R. del Mas, Centerville; The Necessity of a Therapeutic Revival, by W. E. Leonard, Minneapolis; The Opsonic Theory and Homœopathy, by H. C. Leonard, Duluth; The Umbelliferæ, by H. C. Leonard, Duluth; How I Use Some of the Old and New Remedies, by Geo. G. Balcom, Lake Wilson; Aconite, by Geo. P. Connolly, Prior Lake; Chelidonium in Gall Stones, by W. E. Leonard, Minneapolis; How to Become Insane, Chas. Hughes, Chicago; The Annulment of Marriage for Insanity or Other Diseases, O. E. Stewart, Bricelyn; Practical Results With Arsenization in Yellow Fever as Exploited by Dr. R. B. Leach at New Orleans in 1905, H. C. Aldrich; A Clinic at the St. Paul City and County Hospital, by A. E. Comstock; Prostatic Hypertrophy, by Henry C. Aldrich; Empyema, by C. M. Cooper, Chatfield; A Case of Renal Calculi, by C. W. Wilkonske, Faribault; The Local Examiner for Life Insurance, Thos. Lowe, Pipe Stone; Exophthalmic Goitre, by H. M. Lufkin, St. Paul; Nervous Children, C. C. Lick, Austin; Tuberculosis in Infancy and Childhood, etc., by J. P. Cobb, Chicago; Doctor, My Baby Is Sick, A. G. Moffat, Howard Lake; Coxa Vara, Henry C. Aldrich, Minneapolis; The Leucodescent Lamp, by O. H. Hall, St. Paul; Vibratory Treatment, by Margaret Koch, Minneapolis; X-ray in Exophthalmic Goitre, by Ethel E. Hurd; Minneapolis; X-ray in Treatment of Cancer and Skin Diseases, Eugene Hubbel, St. Paul; Acromegaly, Geo. M. Haywood; Minneapolis; The General Practitioner as an Oculist, G. Schmidt, Sleepy Eye; Surgical Treatment of Adenoids and Tonsils, H. H. Leavitt, Minneapolis; Pathology vs. Symptomatology, D. H. Roberts, Escondido, Calif.; Some Pathological Lesions Produced by Drugs, W. C. Roberts, Owatomnua. The above most enjoyable list was provided by the following bureau chairmen:

Gynæcology, Hugh J. Umstead, Minneapolis; Obstetrics, H. O. Skinner, St. Paul; Homœopathics, H. C. Leonard, Duluth; Materia Medica, W. E. Leonard, Minneapolis; Medical Jurisprudence, O. E. Stewart, Bricelyn; Sanitary Science, A. J. Hammond, Winnebago; Surgery, A. E. Comstock, St. Paul; General Medicine, H. M. Lufkin, St. Paul; Pædology, Geo. B. Hamlin, Minneapolis; Electro-Therapeutics, Eugene Hubbell, St. Paul; Eye, Ear,

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Nose and Throat, H. H. Leavitt, Minneapolis; Pathology, W. C. Roberts, Owatonna.

Officers elected for 1908 are:

President, A. E. Comstock, St. Paul.

Vice-Presidents, Geo. G. Balcom, Lake Wilson; H. H. Leavitt, Minneapolis.

Secretary, H. O. Skinner, St. Paul.

Treasurer, Margaret Koch, Minneapolis.

Censors, R. B. Leach, St. Paul; J. W. Ashley, River Falls, Wis.; R. D. Matchan, Minneapolis.

Executive Committee.—O. E. Stewart, Bricelyn, '09; A. S. Wilcox, Minneapolis, '09; Martha G. Ripley, Minneapolis, '09; H. C. Leonard, Duluth, '09; D. A. Locke, Minneapolis, '09; Henry Hutchinson, St. Paul, '09; E. L. Mann, St. Paul, '09; B. H. Ogden, St. Paul, '08; H. M. Lufkin, St. Paul, '08; A. J. Hammond, Winnebago, '08; J. H. Beatty, St. Cloud, '08; O. K. Richardson, Minneapolis, '08; R. D. Matchan, Minneapolis, '08; W. S. Briggs, St. Paul, '08; G. E. Clark, Stillwater, '08.

New members elected were H. C. Leonard, Duluth; G. R. Matchan, Maynard; J. G. Whittemore, Donnelly; Sam. Schaeffer, Winona.

Maternity Hospital, Minneapolis, has appointed the following well known physicians to the consulting, surgical and medical staff of that institution: Drs. Henry C. Aldrich, Geo. M. Haywood, Geo. F. Roberts, Margaret Koch, and F. M. Gibson.

Dr. Geo. F. Roberts, Minneapolis, is on an extensive Eastern trip, and will attend the A. I. H. at Jamestown, Va.

Dr. and Mrs. Henry C. Aldrich have gone to Seattle, Wash., via the C. R. R., and returning expect to visit the Yellowstone National Park.

COMMENCEMENT AT MICHIGAN.

The Homœopathic Department, besides the regular graduating exercises, had two or three functions. The Senior Class held its class day upon June 18, at a delightful little resort a few miles from Ann Arbor, Whitmore Lake. The formal exercises consisted of a dinner, luncheon, dancing and the following program:

President's Address, J. Arthur Elson.

Toastmaster, William R. Williamson.

Class History, Miss Anna Bell Lefler.

Things as Seen By the Dean, Doctor Wilbert B. Hinsdale, A. M., M. D.

The Faculty, Hugh McDowell Beebe.

Michigan, John Clarence Smith, A. B.

The substance of the remarks made by Dr. Hinsdale are here given.

I hope you will pardon me if I seem to manifest a controversial disposition in what I say, a spirit against which I have always cautioned you. I wish to influence you with a legitimate spirit of emulation rather than to provoke agitation. You have, before your coming to the university, and particularly after coming here, heard more or less about the contrast of homœopathic with allopathic students. I know as loyal men and women with graduation only two days off you will appreciate a comparison which I am about to make. The friends of ours upon the campus to whom we refer as the old school are identified with an organization known as the American Medical Association. This association has done a very proper thing, classified the colleges of the country according to the number of students who pass the several State boards. Let me produce a part of the report prepared and signed by their own committees and secretaries. University of Michigan, Homœopathic Department, percentage of failures of students from six States, none. Percentages of number passed, 100. Department of Medicine and Surgery, failures, 1.3; percentages passed, 98.7. These, understand, are not statistics made and published by ourselves, they are taken from the official report of the A. M. A. Of course, another year may reverse the percentages, but with the class of students we have graduated and with the training they are getting, you may always look for high figures. When the report comes from the A. M. A. next year for the examinations you are taking this year, I believe they will be as good as those made by the graduates of the last and preceding years. I believe this, for I know your training, your earnestness and spirit of pride in medicine, homœopathic medicine, and your appreciation that we must aspire to nothing less than the first place and your spirit to put us there. So much for the practical worth of our college. However, I would not boastfully imply that some of our other homœopathic institutions are not doing well. I am proud to say for our profession that according to this allopathic showing the homœopathic students are as good as their own, if not better, man for man the country through.

I now have two fatherly remarks to make. First, I will tell you about an old doctor, a near friend of mine. He is over eighty years of age. Has been pre-eminently successful and laid by, for him and his, a competence. He said to me this spring that he had won his way to success by good nature. He had medical ability, and by pleasant manner and a sunny heart he had always been over-run with patients. He has sold five thousand dollars worth of smiles a year for forty years, and had a good demand for them a long time before that. When times go slow and a scowl of worry threatens to creep over your bright faces, smile and stick to it.

Second, Save your money. When things go wrong, if you lose your health, a financial panic sweeps the country, or for some other cause collections are small and poor, or you have an unfortunate friend to care for, there is nothing or no one so good a friend as a little money. Cultivate a Christian, which is a scrutinizing, liberality and a discriminating charity and start and increase a bank account. It can be done on a small earning, and the enjoyments of life not be denied at the same time. From the first be fervent in business but not pusillanimous.

I find by consulting my class book that this is the six hundred and seventy-seventh time I have met you as a class. My book also indicates that I have been the only one who has not been absent a single time. But you have done well by me, better than

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anybody less earnest than you could have done. Remember us in the flush of your successes for these relations we have been forming during the past four years we can not terminate, for they are not temporary.

Upon commencement day, June 20th, the class received their diplomas at the hands of President Angell together with the graduates of the other university departments. There were fifteen who wore the black cap and gown and white tassel—this constituting the designated graduating paraphernalia.

The commencement oration was given by Ira Remsen, LL. D., President of Johns Hopkins University. In the afternoon of commencement day, Dean and Mrs. Hinsdale gave their annual informal reception to the faculty and graduating class and the friends of the Homœopathic Department.

Every graduate of the department before leaving Ann Arbor had his mind definitely made up as to where he would locate or what position he would accept.

Owing to the increase in the college clinic and the necessity for adding work not altogether provided for, the regents created a full professorship and elected Dean W. Myers, D. D., of Grand Rapids, to the position. The departments of diseases of the eye, ear, nose and throat had previously all been all included in the work of a single professor. This work has been divided, and Doctor Myers will have the title Professor of Otolaryngology. This creation of a new, full professorship in a university department should be a favorable sign of the progress of Homœopathy in such institutions as well as at large.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The semi-annual meeting of the Homœopathic Medical Society of the State of New York is to be held in Brooklyn, N. Y., on September 24th, 25th and 26th. In these three days probably one or more sessions will be given up to clinics at one of our large hospitals. The bureaus have been announced and all are at work. The program will soon be ready for announcement. In connection with the meeting the Homœopathic Medical Society of the County of Kings will celebrate its semi-centennial with a public meeting on Wednesday evening, at which addresses will be made by Charles E. Walton, M. D., of Cincinnati, Ohio, and several other prominent members of our school. A banquet will also be tendered the visitors and the members of the State Society on Thursday to close their celebration.

The president has also issued the following to the profession of the State:

May 27, 1907.

Dear Doctor:

The campaign in medical legislation for the year of 1907 is closed. We have made a good fight, the stiffest the problems we had to deal with permitted us to make, and, although we did not succeed in defeating the bill, we did succeed in arousing such an interest in our cause and presenting such just claims to recognition that I believe we will be secure in having representation upon the board of examiners for many years.

Feeling this way, and knowing that what we have done has been for the benefit of Homœopathy and to advance the interests of every homœopathic practitioner in the State of New York, I want to appeal to every member of the State Society for financial aid in this crisis to pay the expense of our campaign. It has cost a large amount of money to conduct this fight, and the treasury of the State Society cannot possibly bear this burden. Each one has got to do his share in making voluntary contributions to this fund in such an amount as he can afford.

I appeal to every member to send directly to me at least two dollars for this purpose. If you can spare more I shall be only too glad to accept it, and I know many who know what has been done will desire to contribute a larger amount.

If every individual member contributes two dollars it will probably not pay all our bills. I trust, therefore, that each one of you will give this due consideration, and, as promptly as may be, send me your contribution by check, express order, money order or registered letter.

Knowing that I can appeal to your generosity with full assurance of having a hearty response, I remain,

Fraternally yours,
Herbert D. Schenck, President.
No. 75 Halsey Street, Brooklyn, N. Y.

A CORRECTION.

To the Editor:

More or less publicity has been given to the fact that the Cleveland Homœopathic Medical College was rated below 70 per cent. by the Council on Medical Education of the American Medical Association at its meeting in Chicago, April 29th.

In view of this fact, I would like to state to the medical profession through the medium of your esteemed journal that under date of the twelfth inst, we have been advised by the secretary of the Council on Medical Education that our college "fully deserves being placed in the acceptable list of colleges," i. e., above 70 per cent.

Very truly yours,
George H. Quay, Dean.

The Library.

BOOK REVIEWS.

Diagnostics of Diseases of Children.

By LeGrand Kerr, M. D., Professor of Diseases of Children at the Brooklyn Post-Graduate Medical School. Octavo of 542 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5 00 net; half morocco, $6.50, net.

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Another useful diagnostic work devoted especially to children in whom the greater part of this is objective and not subjective, since the child cannot define his sensations. The interpretation of these objective manifestations is of great importance. The work is a practical one, and will prove very helpful to all practitioners. In children it is always important that an early treatment be begun, especially in the homœopathic school, and the indications for our remedies are so beautifully adapted to children that this is easy, and in most cases diagnosis of secondary movement; with the allopathic school the diagnosis must be made before their treatment can be employed. The book will be of use to both schools of medicine.

Modern Surgery: General and Operative.

By J. Chalmers DaCosta, M. D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Fifth revised edition, enlarged and reset. Octavo volume of 1,283 pages, with 872 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50, net; half morocco, $7.00, net.

Fifth edition of DaCosta's Surgery is fully revised and enlarged. There are a number of sections that have been considerably expanded, as those of hernia, cancer and ulcer of the stomach, electrical injuries, etc. Much new matter has been added, some of the Mayo brothers' new operations are especially noted. New cuts have also been added, and so the work is modern in all respects.

A Manual of the Diagnosis and Treatment of the Diseases of the Eye.

By Edward Jackson, M. D., Professor of Ophthalmology in the University of Colorado. Second revised edition. 12mo of 615 pages, with 182 text illustrations and 2 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2.50, net.

The second edition of this work has been brought to the times by many additions and changes. Newer methods of diagnosis have especially been dwelt upon, and this adds value to the work. It is well illustrated.

A Manuel of Personal Hygiene: Proper Living Upon a Physiologic Basis.

By Eminent Specialists. Edited by Walter L. Pyle, M. D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Third revised edition. 12mo of 451 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $1.50, net.

The third edition of this well known work on hygiene. Additions have been made to the chapter of Home Gymnastics; a section on first aid in accident and emergencies makes the book more useful than ever.

The Care of the Baby.

By J. P. Crozer Griffith, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Fourth revised edition. 12mo of 455 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth. $1.50, net.

As the care of the baby is always a popular subject, the editions of this work go about as fast as babies come, and so new editions appear; this is the fifth, and is better than any of the others.

The American Pocket Dictionary.

Edited by W. A. Newman Dorland, M. D., editor "The American Illustrated Medical Dictionary. Fifth revised edition. 32mo of 5744 pages. Philadelphia and London: W. B. Saunders Company, 1906. Flexible morocco, gold edges, $1.00, net; thumb indexed, $1.25, net.

The ideal pocket lexicon, contains all the important terms of modern medicine. One does not need to seek further.

Anatomical Terminology.

With Special Terminology With Special Reference to the B. N. A. Philadelphia: P. Blakiston's Son & Co., 1907.

B. N. A. means the Basle Anatomical Nomenclature, and this work explains its scheme and gives its vocabulary.

Dr. N. C. Kemp announces that he has moved his residence to 4341 Grand Boulevard, Chicago, with down town office at 72 Madison street, where he will continue to give special attention to eye, ear, nose and throat.

The graduation exercises of the Hahnemann Medical College of Chicago were held in May. Forty-two graduates received the diploma. Eighteen of these received hospital appointments for the coming year, and among the hospitals in which these were distributed are the Hahnemann Hospital of Chicago, the Chicago Homœopathic Hospital, the Metropolitan Hospital of New York, the Massachusetts Homœopathic Hospital, Lee Hospital of Rochester, N. Y., and the Hahnemann Hospital of Philadelphia.

Boericke & Tafel, of Philadelphia, are selling, perhaps, the best brand of olive oil that is made. It comes from Southern Europe, and has a remarkably sweet and palatable flavor. It will keep well and does not turn rancid like many California oils. We can cordially recommend it.

Dr. Clarence Bartlett, of Philadelphia, is soon to issue as a companion volume to his well known work on Diagnosis one which deals exclusively with Treatment. Boericke & Tafel are the publishers.

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Medical Century

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Homoeopathy.

THE NECESSITY OF PERFECTING THE HOMŒOPATHIC ORGANIZATION.

INTRODUCTORY REMARKS BY THE CHAIRMAN.

WM. BOERICKE, M. D., SAN FRANCISCO, CAL.

In order that the Bureau of Homœopathy may at this meeting of the Institute, present a live subject for its consideration and discussion, I have asked some of the most representative men of our school to contribute to a symposium on the necessity of perfecting a systematic development of the homœopathic organization. I regret exceedingly that the times and distance and recent unforseen conditions make it impossible for me to be with you, especially as I feel deeply the honor conferred on me as chairman of this important Bureau, but as the real work has been accomplished largely by availing myself of the ability and energy of the secretary of the Bureau, Dr. W. A. Dewey, and by the ready response of the different members of the Bureau, I feel confident that a most interesting report is in store for you, one that will lead to organized effort to carry out the suggestions contained in the different papers.

The motto of Harvard College—Christo et eccelsiæ—for the Christ and the church—seems to express a truth applicable to all other institutions for the upholding and teaching of truth of whatever form. It must ever be the truth and the organization for promulgating it. It is Homœopathy and the homœopathic school. Talk as you will, reason and assert as much as you like about the innate majesty of truth, that it is mighty and must prevail, its fate nevertheless is to be denied, ridiculed and crucified, and it does prevail only so far as human experience goes, when taught and preached and embodied by earnest men, organized for that purpose, by societies of men favored to see it as truth, willing to shape their lives so as to bring the truth into organic form, and do thus its allotted work as a reformatory and creative powder in the world's work.

It seems to me, if I read the signs of the times aright, there is a general awakening in the school at present to the need of the strengthening the organization whose duty is to keep alive the sacred fire entrusted to it. The biological law holds true that there is no life manifest except through organization.

The better organization of our school is not advocated to make ourselves more exclusive, to separate ourselves from the old school, but rather that we may be enabled, by virtue of such perfected organization, to carry out every phase of our distinctive work more satisfactorily. Where else can we look for practical application of the principles of Hahnemann, but from homœopathically trained men, and where also get these but from our colleges and through our special literature. It is alone within our organization, that Homœopathy can be taught in its entirety, separated from all heterogeneous elements. This alone gives the necessary conditions for our preservation and normal development and increase, gives us our right place in the great field of medicine and enables us to do our share worthily in the develpoment of a true science of therapeutics.

It is because of the general ferment in the therapeutic field outside of Homœopathy, because its principles being founded on verified laws of nature and thus in harmony with the latest advances in other sciences, it is because Homœopathy has a special message and meaning and duty, that it is necessary to have an organization protecting and teaching the truth of which we are custodians, and giving our distinctive thought and practice right channels, saving it in turbulent and rudderless drifting therapeutic times from running loose to wayward and mongrel practice, if not to final wasting evaporation.

It is because the spirit of the times, the zeitgeist, is freedom in seeking truth that we must offer the truth entrusted to us in its purity and to its full extent and for that purpose the better organization of our school is so vital and becomes the special duty of the hour.

BY WHAT MEANS CAN WE PLACE OURSELVES IN TOUCH WITH PROSPECTIVE STUDENTS IN MEDICINE?

BY WILLIAM HARVEY KING, M. D., NEW YORK.

The subject assigned me is a very broad one. If we are to consider the subject, How are we to place ourselves in touch with prospective students? it behooves us to first find out where such students are to come from, and what is the cause of our present falling off. The ideas I shall express here are based on observations made in New York and the

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East, and may or may not apply to other sections of the country.

The personnel of the medical student in New York City is rapidly changing. The American boy, I mean the real American boy, is gradually disappearing from the army of prospective doctors. A new element has come into our medical schools within the last fifteen or twenty years. Children of foreign born parents, many of the students foreign born themselves, now more than half fill the amphitheatres of our allopathic colleges. These are mostly Russians and Poles with some Germans. These students belong to that class which are coming to our shores by the thousands every year, and who have been debarred from entering any of the great professions in their native countries either from lack of opportunities, or because of the prohibitory laws which practically debar them of such rights. They come to us where they are entitled to all the rights of the native born so far as opportunities are concerned, especially in an educational way, and enter upon the studies of the great professions with a pride and zeal which puts them at the head of their classes, and, if we are not careful, in twenty years they will be at the head of the profession. We do not have any of this class in the homœopathic medical colleges. It is very natural that we should not. They come from a country where, if Homœopathy is not absolutely prohibited, it is not allowed to grow. They settle in a part of New York City where there are about 250,000 inhabitants to the square mile, yet not a sign of a homœopathic physician is found there.

It has generally been considered that this class of people is unprofitable to cultivate for Homœopathy, but lately a circumstance has come under my observation which has led me to think otherwise. A young man, well equipped in a professional way, was given an opportunity to become the physician of the employes of a large manufacturing establishment. These men were all expert workmen and largely of foreign birth. Many of them had never heard of Homœopathy. In less than two years it was found that they had become enthusiastic Homœopaths, and three students, sons of these men, well equipped from the public schools, have entered a homœopathic college, and there are more to follow. All this has been done by one earnest, young homœopathic physician. In the East a large per cent. of our professional students in law as well as in medicine, are drawn from this class, and the quicker we realize that we should do missionary work here the quicker we will get our share of students, for they are to-day in the East supplying more than fifty per cent. of the medical students.

The medical profession, as a whole, and the homœopathic school in particular, has always drawn largely from the rural districts, and the rural districts are not furnishing the number of students they formerly did. The farmer of the Eastern States is not of the same caliber and his children of the same metal as formerly. But there are other and greater reasons why the homœopathic colleges do not draw students from the rural districts, one is because in many instances there is no homœopathic doctor to send them. To speak plainly we are dying out in the small villages. Fields which have been so fertile for homœopathic physicians are no longer cultivated by them. In the central part of New York State there is a small village containing only a few thousand inhabitants, where some years ago there practiced an earnest homœopathic physician, and in a period covering only a few years he sent to a homœopathic college nine students, sons of that village and its rural surroundings. A greater part of these nine physicians settled in Greater New York or the immediate vicinity where the opportunities were greater. To-day that little village is still producing its young men who are anxious to study medicine, but it has no homœopathic physician who is interested enough in the school to guide them to a homœopathic college. What is true of this village is mainly true of hundreds of villages throughout the entire East. We are losing the ground which our predecessors won by the hardest toil and against the most unprincipled prejudice. As lamentable as such a condition is it is not so bad as when a homœopathic physican is not only apathetic but actually labors to send his students to allopathic colleges. The faculties of the homœopathic colleges to-day are between two fires. One is fed by a faction who is claiming that the reason why our colleges do not flourish is because more homœopathic materia medica is not taught, and they loudly proclaim that they do not send their students to a homœopathic college because they do not want them taught mongrel Homœopathy, they had rather send them to an allopathic college and teach them Homœopathy themselves.

A great Scotch divine has left us a graphic description of the expulsive force of a new affection. That is what is very apt to take place in the heart of the homœopathic student sent to an allopathic college. He may have all the love and enthusiasm for Homœopathy when he enters the old school college, but the insinuating remarks of his professors, the influence of his fellow students and the glamour of the dominant school soon drives out that love, and in its place there is enthroned the new love and he is lost to Homœopathy forever.

This class of discontents are not always found to be consistent. Not long ago I was seated at dinner with a well known homœopathic physician, who raved at all our colleges for not teaching more and better Homœopathy. Within ten minutes after he began talking of his son, and stated that had he not held an official state position as a homœopathic physician when his boy studied medicine he should not have sent him to the homœopathic college of his city, but would have sent him to an old school university, because, as he said, the diploma was worth more. It would give him positions on boards of health, and in the army and navy, joining certain societies, and especial opportunities for study in foreign lands, but as he held this official position he said regretfully, he felt that he must send his son to the homœopathic college.

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The other fire is fed by a faction who do not exactly claim that we teach too much Homœopathy but that we do not teach enough allopathy. They assert that our course is too narrow, and they like to have their students have a very broad education.

Covering a period of three years I wrote twelve letters to physicians who I had learned had sent students to old school colleges, and asked if they would frankly, without reserve, tell me why they sent their students to an allopathic instead of a homœopathic college. Only eight honored me with a reply, and their reasons were practically identical: That they wanted their students to have a broad course in medicine; that the diploma from an old school college was worth more; that as three or four put it, they wanted their students to have a degree from a university school. and as there was no such homœopathic school in the East, they were obliged to send them to an old school college. There was nothing more evident, however, in their letters than that the writers had lost all interest in the homœopathic profession.

These people are also inconsistent, for if they would take the trouble to examine into the curriculum of the various colleges they would discover that the homœopathic colleges or a large proportion of them are giving a very much broader course of instruction than the allopathic. How many physicians who are criticising homœopathic colleges have ever thought of investigating the comparative merits of teaching of the homœopathic and allopathic schools? How many have put the curriculums side by side? How many have compared the laboratory equipment for the size of the classes, and how many have looked into the clinical facilities offered by the homœopathic and allopathic colleges throughout this country? If one cannot do this he can with very little effort obtain the pass marks of students before the State boards, where he will find the honor roll more than half in the homœopathic column. If any one will take the trouble to investigate along these lines he will think better of himself, proud that he is a Homœopath, and there is not a graduate of a single homœopathic college extant to-day that need blush for his Alma Mater.

The two sub-divisions of this subject which are to be taken up after I finish, are, judging from the titles, aimed at appealing to the public, but let me say to you gentlemen, that the public is following the physicians, and is influenced by the family doctor to-day more than ever before in the history of our country. Some four or five years ago I attempted to discover the influence which induced students to study Homœopathy. Out of one hundred students I found only four who had other influences than those of a physician to cause them to seek a homœopathic college. The remaining ninety-six had come from the influence, either direct or indirect, of a homœopathic physician. Now without attempting to discount what my learned brothers are going to say, I can, nevertheless, express my belief, and I wish to say that I would rather have one good, well equipped, earnest, enthusiastic homœopathic physician in a community to spread the doctrine of Homœopathy and to furnish students to homœopathic colleges, than a ton of literature sent yearly among the laity. No matter how grand the equipment or how able a faculty a college may have, it must also have students. This is the time for the homœopathic physician to realize his responsibility. This is not the time for party prejudices to overweigh duty to our school. If homœopathic physicians are to go on the principle that if the dog is not gotten out of the pond their way let him drown, we have reached the point that he will drown. If the homœopathic physicians still value their schools, if they value the homœopathic principle, if they wish to see it perpetuated for generations, if they are true to the colors under which they are sailing, if they are loyal to the principle for which they stand, let them inform themselves of their own responsibility and think it over seriously.

If the homœopathic physicians no longer believe in the law of similia, if that law has outgrown its usefulness, and if our teaching has been superseded by a more perfect science, then no matter what we do, or how much effort we may make, it is going down and out, for there is no room in this twentieth century for an antiquated theory or an exploded hypothesis, no matter how dear to the heart its traditions may be. If, on the other hand, it is still a science, is still a boon to mankind, if it fails it is our fault and not that of our enemies. The homœopathic profession still possesses the power and vigor not only to maintain itself but to grow. The only way this growth can ever take place is for each and every man to do his duty.

And what is every man's duty? It is evidently the duty of every man, who in any way holds an official position on the faculty of a college, to give his best endeavors to make that the very best college possible, with all the material he can with every effort command. He is never to be satisfied with existing conditions, but always striving to improve them. He should do his best as a teacher. He should use his influence for the upbuilding of his department and for the betterment of the school in general.

But think not, gentlemen, that the man who is not connected with a medical school has any less duties to perform than he who is. Here has been the great mistake. Taking the good of the homœopathic school into consideration, the man who is not connected with a homœopathic institution is under just as much obligation to support it through all the avenues open to him as is he who has connection with it. If the profession at large would only realize their duty in this respect we would not be hearing, How much longer is Homœopathy to last? and there would be no necessity for such discussion as the very one we are holding at present.

I am aware that my words do not specially apply to my hearers to-day, for the men who attend these national meetings and our state societies, are the ones who do their duty not only to homœopathic colleges, but to all homœopathic institutions. In

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this respect I am in a similar position to a clergyman from Kentucky with strong slavery propensities, who once accosted Wendell Phillips, the anti-slavery agitator. "Mr. Phillips," he cried ,"what do you want to go around preaching against slavery in the North for where no slavery exists, if you want to preach against it why not come south where it does exist?" Mr. Phillips looked at his questioner calmly for a moment, and said, "I take it from your garb that you are a clergyman." "I am," replied his interlocutor. "Then your business is to save sinners from hell, is it not?" "It is," promptly came the response. "Then why don't you go to hell to preach?" said Mr. Phillips. I am aware I am speaking to men to whom my words do not have the greatest application, but if we can become united on one purpose to stir up those of our neighbors who are less interested in our homœopathic institutions, get the drones to work, revive the spirit of loyalty, and work up enthusiasm, we could in a few years challenge the dominant school in all its strongholds, and hoist the banner of Homœopathy so high that it would be in full view from every corner of these United States, and by all sorts and conditions of men.

THE VALUE OF LITERATURE IN THE PROPAGANDISTIC FIELD.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

The necessity of enlightening the people as to the claims and benefits of the homœopathic system of practice was recognized by the earliest practitioners of Homœopathy in this country. In 1847 Dr. Constantine Hering published four "Homœopathic Tracts for the People," and many other tracts were published by the early fathers of Homœopathy in America, but nothing was done in a systematic way until the appearance of William Sharp's "Tracts on Homœopathy" in 1852, these were twelve in number, and had an extensive circulation in this country as well as in England. They were the means of converting thousands of people to the homœopathic faith, many of whom became practitioners of Homœopathy. These tracts were appropriate to the conditions prevailing at the time of their publication, and we are not surprised to find many of them of controversial nature and chiefly devoted to answering attacks upon Homœopathy by the allopathic school. Nor is it surprising that many of the answers were quite as venomous as the attacks.

In 1886 there was formed in England a homœopathic league, born at a dinner at which were present Drs. J. P. Dake, of America; R. E. Dudgeon, D. Dyce Brown, and J. H. Clark, of England. The object of the league was a systematic appeal to the public on the subject of Homœopathy. The movement was deemed necessary in England on account of the attitude of the allopathic school towards Homœopathy in that country. The tracts issued by this league, fifty-four in number, were small pamphlets on all the points of Homœopathy, similar to those of Sharp, but going into the subject in a more thorough manner. They served a splendid purpose, made hosts of converts and brought to the public a respectful knowledge of Homœopathy, and it is the universal testimony that the present prosperity of the homœopathic system in England may be largely attributed to the influence of both Sharp's and the Homœopathic League tracts. Our brethren across the Atlantic have recently organized to resume this work.

Furthermore, we are of the opinion that our own growth and prosperity as a school is very largely due to the work of the fathers of the homœopathic school along the lines of propagandism among the people, that our medical schools have grown and thriven for this reason, that the people understood what Homœopathy offered, and sent their children to homœopathic colleges right in the face of any allopathic influence and objection. The people knew what Homœopathy was and how it differed from allopathy, they did not swallow the definitions of our system furnished them by our enemies, they had sufficient knowledge of Homœopathy to answer all objections, the allopathic profession was on the defensive, and found that mere statements without proof were not what was expected of them.

A generation, perhaps two, has passed away since the work of our fathers along these lines have ceased. The people reached by these tracts are for the most part dead. We see everywhere, in every city, town and hamlet, the children and the grandchildren of these old-time supporters of Homœopathy employing physicians of the allopathic schools, the very ones, perhaps, whose lives were saved in their childhood by the homœopathic family physician. Why is this? It is because the work of instructing the succeeding generations has been neglected. Why is it that in many of our old school medical colleges we find students whose fathers and grandfathers employed homœopathic physicians, if not homœopathic physicians themselves. We believe that it is largely due to the cessation of this educational work.

It is our opinion that at no time in the history of our school is work of this kind more imperative than to-day. How many of us have been asked within the last year by patients or prospective students of medicine or by those already pursuing medicine as a study to explain to them the difference between Homœopathy and allopathy. They know the difference in a general way between Protestantism and Catholicism, they can even distinguish between a Methodist and a Baptist, but they do not know the difference between Homœopathy and allopathy. They have heard it said that there is very little if any difference, and where have they received this information? The answer is easy. They have received it, not from our own writings, not from our own men, not from our friends, but from our antagonists, and they have not had it put up to them from our side sufficient to dispute anything that is represented to them from this source.

If there is anything that has been more industri-

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ously circulated by our allopathic brethren than the statement that there is no difference between the school we would be glad to hear of it. They circulate the gratuitous information that there are no more homœopathic physicians, that we use their remedies, that our colleges no longer teach Homœopathy, that the Army and Navy do not recognize us, that they consult with us now because of this lack of difference, that our numbers are diminishing, that our colleges have had a falling off in students, that we use their procedures, that we have never contributed anything of value to the science of medicine, that our patients are leaving us, and that we are dead as a school. How have we combatted this? How did our forefathers combat it? We have combatted it by a magnificent desuetude, we have silently ignored this teaching, we have allowed them to continue undisturbed, we have even allowed them to organize for this campaign, and we have truly been, not asleep, but dead. Would Hering and Holcombe and Hempel and Lippe and Joslin and Gray have sat ensconced in their own security and allowed this to go on without a thundering answer? Look at their writings for the answer. Would they have feared to antagonize the allopathic school, or would they have sought refuge in the statement that it was not dignified, that it was belittling to notice it or to answer the false testimony. Look at their writings for the answer.

We are up against a far worse proposition to-day than were our fathers. They had a receptive people to deal with, a people who were ignorant of the new system, as it was then known, but who were willing to look into it. To-day we have a people to deal with, no less receptive, we believe, and no less ignorant of Homœopathy, but with this difference, they think they know all about it, and they have gotten this idea from the teachings they have had from our aforesaid antagonists.

To our mind there is no more essential work to be performed than to resume our educational and evangelistic propagandism. An organized effort is necessary, and if we are to preserve our rights as a school of medicine, if we are to continue our institutions and our practice we must undo what has been done and instruct the people, instruct them in the fundamental principles of Homœopathy; in what it is, in what it has done, and in what it is doing. We must answer every question that has been raised and show the people that our proud boast that we court investigation is true, in fact.

How can this be best done? It is idle to say that it should be done and rest content with having said it. If you will look over the presidential addresses delivered before our State societies for the past twenty years, you will find almost without exception that the fact that only ten or fifteen per cent. of the practicing physicians of the State in question were members of the State society was bitterly bemoaned and commented on. You will also find that the presiding officer has stated that an attempt should be made to increase the membership, committees have been appointed for the purpose, yet in most instances the committees have done little or nothing, and even in some instances the same presiding officer, shortly after his presidential incumbency, has dropped from his society and become one of the disaffected seventy-five or eighty per cent. which forms the non-society members of our States. The next president goes through the same routine. All know what should be done, none do it.

It would seem to us that this work is a comparatively simple one, and yet it has its difficulties. The appointing of a committee is the usual way to dispose of troublesome questions. A committee appointed for this purpose would be as useless as an ordinary legislative committee unless every member was enthusiastic for the work, heart and soul. There are those in this Institute that we believe would enter into this work and carry it to a successful finish in spite of all obstacles, and it is our opinion that a better committee could be secured by volunteers coming forward and enlisting under the banner than by any other way of appointment. We believe none would volunteer not having the success of the movement at heart.

The title of this paper has for consideration the value of literature for the propagandistic field. Of its value we are positive; we have in a humble way done something along this line in the way of securing students for our colleges. That the prize essays of the Medical Century did much good we have plenty of reliable testimony; this has been stated before this Institute in the past. The questions to be determined are: First, What kind of literature is the most effective? and second, How shall we disseminate it?

It is our belief that we possess in the writings of our school all that we need to meet every point. Hundreds of pamphlets have been written, and now lie covered with dust in our libraries. Take these same pamphlets, rearrange them, put them in shape, modernize them, or rather take the materials contained in them and put them in shape for distribution. A dozen modern up-to-date tracts could be gotten up from the ones we already have. For instance, take the topic upon which so much has been written, namely, "What is Homœopathy?" Under this title we have pamphlets by Dr. John Epps, of London; Dr. J. T. Conquest, one of the early Homœopaths of this country; Dr. L. D. Morse, Dr. D. H. Roberts, Dr. S. A. Merrill, Dr. A. Given, besides a dozen or so others, upon the same subject with some slight change in the title. The combining of the points made in these coupled with such additions as the present day requirements might need would be authoritative and efficacious. So on through the whole series. Some for use in one line and some in another. There is no lack of material, and an enthusiastic committee could prepare with little trouble a dozen dignified educational tracts whose effect if properly distributed would be far reaching.

The question of distribution is the most important question. To send them through the mail is for the most part useless. Thousands of tons of third and fourth class mail matter are dumped daily into the waste basket unopened. Even suspicious

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first class matter is seldom taken from the envelope. Nor is it to our mind a practical or dignified way to distribute such matters in the form of cheap circulars. It seems to us that the work of distribution belongs to the individual physician. If the physician of country or city can convince himself that the distribution of such matter is beneficial to him in his field, there will be no lack of methods for dissemination nor for some pecuniary support for the work. That such a dissemination of homœopathic knowledge will be beneficial to the practitioner there can be no doubt. Those that have tried it know. We do not believe, however, that the practitioner should be called upon to defray the expenses at the start; let us wait until he is convinced of its value, which will not be long.

It is not at all unlikely that different methods will have to be pursued in different localities. The needs in cities are not the same as those in the country, and the requirements of different communities differ. All this will have to be taken into consideration to be productive of the best results.

There is another and most important method of disseminating homœopathic educational matter, and that is the country newspaper; to get at these, to furnish them with material and to get the same inserted is a work that the committee can well undertake. This will be comparatively easy in the country newspaper, but it should not stop there, the Sunday editions of our large urban dailies should be made a means. Even our large monthly publications, such as Scribner's, Harper's, the Cosmopolitan, would, we believe, print articles if prepared by some of the shining lights of our profession, as, for instance, some of those connected with universities or presidents of some of our organizations. In fact, no route should be neglected and the movement once commenced should not be permitted to lag.

What of the expense of all this? In our estimation it is very little. Five hundred dollars placed at the disposal of a proper committee would make a start that would be far reaching. What does this mean? It means that if each member of this Institute would contribute twenty-five cents to this work there would be a fund sufficient to make a good start, and if each member of the homœopathic profession would contribute a like amount there would be a fund sufficient to carry on the work for two years. We estimate that each homœopathic physician in the United States could be furnished with 100 pamphlets or tracts for distribution for this amount, and we believe that the good that would result to such individual would be sufficient to make the securing of future funds most easy.

It is our firm belief that an energetic campaign, persistently carried out in the propagandistic field would bring patients to our offices, students to our colleges, patrons to our hospitals, besides having the far more important, to us as a school, influence in instructing our legislators that we are not alone physicians, but we are more than that, homœopathic physicians. And it will further teach them that we have rights as a school that cannot be waived aside by those who cry down sectarian medicine and insist that to be a physician is a higher calling than to be a homœopathic physician.

THE NECESSITY OF PERFECTING A SYSTEMATIC DEVELOPMENT OF THE HOMŒOPATHIC ORGANIZATION.—THE RELATION OF OUR JOURNALS TO THIS QUESTION.

BY JOHN P. SUTHERLAND, M. D., BOSTON, MASS.

It falls to my lot to discuss briefly the relation of our medical journals to the systematic development of the organization of Homœopathy. The value of general literature toward the accomplishment of this purpose has already been ably and interestingly presented to you. It may be that journals hardly merit classification under the head of literature. Journalistic utterances stand in relation to so-called permanent literature, much in the relation of a man's personal conversation to his public addresses. Journalism at its best is literature turned colloquial. What journalism at its worst may be it would be irrelevant here to discuss, since assuredly none of our homœopathic journals could serve as illustrations on this point.

There is in our school no official journal, and, therefore, homœopathic journalism can send forth no ex cathedra utterances. Editorial statement with us represents the personal outlook of some one man, or group of men. I think I may say without undue partisanship that the editorial pages of our homœopathic journals offer sound, well-considered and honest opinions, which reflect credit on our cause and further its progress.

It may be of interest to remember that most of our journals in their beginnings were not independent enterprises, but organs of societies. Each journal took origin in some homœopathic society, was relieved from pecuniary anxiety by the backing of that society, and more or less represented the particular shade of opinion of that society. This phase of things is past. Our journals, almost without exception, are now self-sustaining entities, looking for pecuniary support to their advertisers and to their subscribers. Coming from these sources, support, while an indispensable sustaining factor in the life of a journal, sometimes lays no light fetter on its liberty of action. While an editor writes with very frequent side glances at the clientele whom he must please if he wishes to continue in editorship, he cannot write with the directness, with the uncalculating candor, with the single eye to an ideal or a cause, that would be possible, could he write with no subscribers to reckon with constantly. At this point ws strike a close parallel with the matter we have set ourselves to discuss. The editor of a homœopathic journal who would make it his supreme purpose to advance the cause of Homœopathy finds himself hampered at the outset by the paucity of space at his command, for the discussion of purely homœopathic issues. The modern medical journal that would be approved of by its subscribers as "up-to-date" must keep thoroughly abreast of the whole

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medical procession. It must exploit and explain each novelty of medical practice as it arises, it must report in detail the work of its neighboring societies, not all of whose discussions, to put it mildly, have to do with Homœopathy and its interests. It must not neglect personal news, it must give space to communications on a score of non-homœopathic subjects, from contributors whose experience as specialists is of much interest to subscribers. Thus it is clear that the editor of a homœopathic journal, who would labor fruitfully to advance the cause of Homœopathy, must be perpetually on the alert to see and seize his opportunities to do so, while still so conducting his journal as to win favor and subscriptions from every corner of his medical field. That is the keynote of our discussion, the necessity of the editor of a homœopathic journal being, and constantly reminding himself that he is, first of all a loyal homœopathist. He must be in the broadest sense a homœopathist, exhaustively familiar with the history of the cause he serves, seeing with unclouded vision that Homœopathy means a principle and not a sect, a law governing the administration of drugs, and not a dogma concerning itself with their dosage. He must be a true physician, knowing and teaching not only the value of drug employment under our law, but the value, relative and absolute, of other forms of therapeutics than those concerning themselves with drugs, able, too, to do very broad and lasting service to Homœopathy by pointing out how many curative measures group themselves under the homœopathic law, though they are not concerned with drugs at all. To strengthen the foundations of Homœopathy and to broaden its scope, the surest way for a homœopathic journal to do these things is to be edited by a strong and a broad homœopathist.

The most formidable single problem the homœopathic editor has to face stares at him from the advertising pages of his journal. Advertisements are a journal's sinews of war. Advertisers, the stoutest financial supporters of a journal, may easily become its most subtle and powerful ethical and professional foes, the more so as they are so literally foes in its own household. It requires no little insight, honesty, tact, and unwavering professional integrity, for the homœopathic editor, while welcoming advertisements to his pages, to admit none that by their claims weaken his readers' faith in the cause of Homœopathy or allure them from allegiance to its principles. Here is a field of very constant, very subtle temptation. He may attempt compromise between his need and his conscience, by contending that what appears on the pages frankly given over to advertisements cannot be interpreted by any reader as offered with editorial sanction. He is indeed fortunate if his temptation can be thus compromised with. It is a more common experience that with the renewal of the advertising contract comes a brief but pregnant clause, providing for a certain amount of "reading notice" to appear in each issue. A plausible, harmless phrase, that same "reading notice." But when we insist on an exact definition of it, we find it means commendation of the ware advertised in the pages of the magazine proper, on such pages and in such wise as will, of design, lead the readers of the magazine to think these wares are editorially approved and commended. Here the homœopathic editor faces a very grim problem, and one that may lead him, before he solves it, to the cross-roads of honor and expediency. Which road he will take each individual must choose. Will he risk discontinuance of his journal through lack of advertising support? Will he offer, under the ægis of Homœopathy, therapeutic agents—in some instances offered practically as "cure alls"—which violate every tradition of Homœopathy? There is his problem, there is his battleground. Each for himself must solve his problem and fight his battle. This much is certain, in proportion as the homœopathic journal can solve the problem and win the battle, it can promote the more effective organization of Homœopathy.

THE ATTITUDE OF THE PROFESSION.—HOW TO CORRECT THE INDIFFERENCE OF HOMŒOPATHIC PHYSICIANS AND ITS EFFECTS.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

"An original and enterprising man is opposed; opposition develops strength and criticism accuracy."

The import of our subject at once shows an acknowledgment of the fact that there is existing an attitude of unconcern among us regarding the interests of our special division of the medical profession.

It is quite evident that to-day there is not the enthusiasm and harmony in our ranks that is present in the thorough organization of the dominant school of practice. Neither is there the earnest effort making to advance our cause that was inaugurated in its early history. We are a divided profession, and the question is, Can it be united? We suffer more from those who claim to be of us than we do from any open outside opposition.

This astonishing apathy in Homœopathy, prevalent in recent years, both within and outside the profession, is certainly to be deplored and ought to be overcome if possible. But just how such obvious indifference, with its accumulative ill effects, can be eradicated, is a question to seriously consider when discussing the perpetuity of our individual school of practice.

Why this lukewarm profession of faith? When we observe the fickleness as well as the prejudice existing in human mentality and realize that physicians are not different from other people, we are able to understand, in part, the cause of this indifference, likewise, see something of various measures needed to eradicate this leading subject of complaint in our wing of the great medical profession.

The occasional revival of interest in the study and application of the grand practical truths of Homœopathy, not the theories, are unquestionably beneficial to the school. Yet, at the same time, it

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would seem that such renewal of enthusiasm in a well proven, simple and admitted law of nature ought not to be necessary in order to bring about its general adoption.

Furthermore, with the conditions as they are, if this regretful defect is ever to be overcome, in order to do so, there is a growing need for perfecting the systematic development of homœopathic organizations, and it must be done largely through correcting the indifference of homœopathic physicians themselves. This action ought to be, and must be, directed and accomplished by their own efforts alone, through arousing a more general enthusiasm for the cause of Homœopathy in their own ranks.

The expansion of the already broad field of medical research and the necessary division of its study into recognized specialties in practice have something to do with cultivating the skepticism and inconstancy for the well known truths in Homœopathy. The majority of specialty writing and teaching is done by dominant school instruction, consequently with a great neglect in imparting knowledge of homœopathic institutes.

This leads too often to coquetry with orthodox methods of treatment, which are freely admitted to be ninety per cent. palliative, expectant, mechanical or nil. This instruction unquestionably injures the Homœopath's distinctive study of curative drug therapy, and while such discrimination is at times permissible, it ought not to be followed to the neglect of investigating internal medicine.

The average specialist, even though he be well grounded in Homœopathy, is so earnestly absorbed in his particular line of independent work that he finds but little time to devote to other departments of the art and science of medicine, particularly so with scientific drug therapy.

While it is truly said, "The specialist should know everything of something and something of everything," the something that he knows of Homœopathy is too often but very little. The common fault or weakness of experts in every department is that they think the whole world outside of their work contains little worth considering.

Homœopathic therapeutics is a specialty within itself, one that is usually applicable in aiding the successful treatment of disease in all specialties. And yet, true as it is, with the beauty and simplicity of its application, that would seem to be appreciable by all physicians, not excepting any specialists; there is a complexity about the study of this type of therapy, ever demanding most arduous work, that all are not well adapted to follow with the interest the subject really demands. The average medical man, with the progressive tendencies and changing questions of the day, thinks he has not the time nor the patience to delve into this, our chosen specialty. Or even though he be a Homœopath, he, too, seldom takes the time for studying internal medicine that he should to fit himself for its successful application.

Another reason for this indifference of the profession is the very rapid growth of skepticism for curative drug therapy so universally distributed throughout the practice of the dominant school, and even among the laity, well shown by their misrepresenting us and continually asserting that the use of drugs is unreliable, indefinite and uncertain.

There is following a slight reaction, as some few are already recanting. Dr. Osler in the first editions of his works on practice appears in the role of the therapeutic nihilist. But seeing that this was not fully accepted, in his second editions he commends the use of medicine, a direct contradiction to his former books.

The same spirit of therapeutic pessimism or nihilism is infecting our own ranks, though a closer association with our orthodox brethren than formerly, together with a more tolerant attitude toward us, most evident by their seeming liberality in writings and actions. The recent decided change in policy to hoodwink and take up into their close corporation societies, while not accepting our principles, is most detrimental to our cause, for it is both flattery and deception. This treacherous procedure is adding much to our indifference, and yet some of our own fail to see the real motive of the leaders in this scheme, which is evidently intended to kill our school of practice.

While we should impartially inform ourselves in all choice medical literature and recognize genuine professional fellowship wherever found, as said before, we ought not study other forms of practice to the exclusion of our own better and positive methods. The majority of us are willing and ready for amalgamation (for that time is bound to come) whenever the leading principles of our practice are honestly accepted by the body of the orthodox profession.

The abandoning of heroic mixtures, the substituting of smaller doses and more palatable preparations by our opposing brethren has led the public to see little difference between the various schools of practice. They are unable to see the distinction in principles on which each prescribes.

The increasing use of serums, proprietary and pharmaceutical preparations by the majority of physicians of all schools, also adds to the indifference. The tendency to prescribe proprietary medicines, most of which are quite uncertain in action, is much to be regretted. Some orthodox physician asks the question: "Did you ever note the fact that without the contributions made by the proprietaries our drug equipment would, with very few exceptions, be practically where it was fifty years ago?"

We homœopathists should adhere more closely to the old reliable, well-tried and true curative remedies until certain of better ones. The anxious discussion at present of the proprietary medicine evil ought not to be necessary in our camp.

The influence of the many new medical isms and pathies detracts from the advocacy and enthusiasm of homœopathic therapy. In these opposing influences, while there is some truth in all of them, it is our bounden duty to show the superiority of our measures, by their practical use and by our working in harmony and unity in making their application whenever and wherever opportunity offers.

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The indifferent attitude of the profession ought to be corrected in much the same way that the original enthusiasm for the cause was enacted. That was largely through the teaching, by success in actual practice, carried out by the early devotees of the real principles of Homœopathy and not through discussing its theories as much as is the plan adopted to-day. There is a wide difference between theoretical and practical Homœopathy. By real practical works these pioneers were known. It is doubtful whether modern plans are better.

We realize that materialism in most things was not then advocated as it is at present. "Too often is the medical man the most materialistic minded member of the community, when his view should be much deeper into the controlling forces of life. This is the natural outcome when, in a long medical course, no part of the individual is presented to the student, except what he can feel with his hands or see through the microscope."

Let us consider that we are the custodians of the law and that we should endeavor to keep the question of scientific Homœopathy before the world, the people, medical students in particular, and not neglect the working profession itself. We should ever attempt to stir up and keep alive the flame of latent enthusiasm, not fanaticism, with the old time characteristic vim and vigor. Work together for a community of interests as well as for the interest of the community. Not only teach and promulgate with the same old and well-tried methods, but consider that historic ideas are often defended by new forms and principles according to the changes of the day.

Of the many advancements of science most of them fully conform to, as well as confirm, Hahnemann's teachings. Sound reasoning, careful, impartial investigation, is more plentiful on our side to-day than ever before, as Von Behring, Wright and others have recently acknowledged. So let us not fear to affirm the truths taught and developed by that great mind, the "Sage of Coethen," who was far in advance of the time in which he lived. These same facts have been well verified by more than a century of clinical application. Yes, but some one says: "Clinical experience counts for nothing." Well, it may not count with them, but it does with us.

Insist that more homœopathic materia medica, the true science of therapeutics, be taught in our colleges, in all of our organizations, and certainly among ourselves. Keep an eye continually on the target. Do not be fanatical, narrow nor dogmatic by deeming him too liberal who studies and advocates the underlying principles of progressive scientific Homœopathy, for science ever continues to elucidate its excellence.

The body of the profession must awake to the fact that the studious and careful application of our working materia medica is scholarly specializing in therapeutics. The other specialties and collateral branches are developed by good workers, and we accept most of their teachings. By devoting more time to studying drug therapy we may succeed thereby in harmonizing the differences in our ranks.

Dr. Korndœrfer in his last year's report to the American Institute as chairman of the Committee on State Examining Boards, well said, relatively to the teaching of our materia medica and therapeutics: "The life of our school depends upon the degree of proficiency of our practitioners in these branches, therefore, it behooves us to search diligently for means to arouse interest in and make possible the acquaintance of a good working knowledge of these studies prior to graduation."

Medical colleges of the orthodox school have about abandoned instruction in materia medica, and some are agitating the dropping of this branch from the State board examinations. One of their number recently said: "If no more attention was given in the course of study to surgery than to materia medica, surgery would be in the hands of the instrument makers, as materia medica is in the hands of the manufacturer of drugs." The dominant profession by its own inertia has allowed laymen and pharmacists to do what its own members ought to be eminently capable of doing. If the average medical man but knew the fundamentals of organic chemistry and the true meaning of the word synthetic he would no longer prescribe shot-gun mixtures and therapeutic jumbles nor be the easy mark of the drug manufacturer that he so often proves to be.

We fear that some of our teaching is tending in the same direction. While our colleges equal theirs in imparting a knowledge of the collateral branches, original therapeutic research is not, as formerly, sufficiently encouraged. Are we correct? If so, why? Certainly this should not be. Materia medica is a most difficult branch to teach. The enthusiastic instructors of this most important chair are not easily procured, or, rather, those who can arouse the old-time interest are not as plentiful as we wish. Candidly, is the homœopathic foundation in building the young M. D.'s education sufficiently stable to withstand the indifference of to-day? Would it have been any better had the potent influence of the preceptorship in the active working office not been abandoned as an entrance for the student to medical college? Would it be an improvement to adopt more post-graduate work in internal medicine.

Are these criticisms just? Some may deny that they are. We know "it requires but a few brains to find fault with things, but to give praise where praise is due is the province of a wise man."

It is well to scan the past, thereby judging the future. We become a band of influence in the medical world by doing earnest, enthusiastic work for the principle we espoused. So to continue our separate existence as a school of practice, as we should do, until our views are more generally adopted, let us have the courage of our convictions and the courage to stand by these convictions. We must generate enthusiasm for our tenets, keeping them in the foreground of the general profession, even though the ideal plan of doing this be not yet established. Let us renew the imparting of the firm truths of the practice among ourselves by exemplification as we

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certainly know them to be. Upon these features surely depends much of our future prosperity and the hope for the final triumph of Homœopathy.

Not until the old time militant earnestness is again established will the attitude of indifference of homœopathic physicians, and its effects, be eradicated, is my sincere belief.

Some may deem this sectarian, but, nevertheless, in the language of Helmuth: "I am a sectarian in religion, by creed a Protestant, and yet I hope a Christian. I am a sectarian in politics, by creed a Republican, and yet I hope an American citizen. I am a sectarian in medicine, by creed a Homœopath, and yet I hope a physician."

BUREAU OF HOMŒOPATHY.—THE COLLEGE AS A FACTOR IN THIS WORK.

BY WM. A. GEOHEGAN, M. D., CINCINNATI, O.

1. The establishment of an "entente cordiale" and doing away with aggressive competition.

The unity, peace and concord which has existed between the homœopathic colleges is without a parallel in the history of the educational institutions of the world. This solidarity is the result of a united struggle for existence in opposition to the ostracism and open hostility of the dominant school. A successful fight against such odds necessitated superior attainments of the teachers and practitioners of Homœopathy and unswerving loyalty to its underlying principles. Let it ever be remembered to the credit of the American Institute of Homœopathy that it brought together in its Inter-Collegiate Committee representatives of all homœopathic colleges and through them established uniform requirements for matriculation as well as graduation.

Recognizing the desirability of a more thorough course of study and instruction, the Institute demanded of its affiliated colleges a three years' course before the Association of (Regular) Medical Colleges established a similar standard. Later a four years' course was ordered and unanimously granted in advance of its general adoption by the dominant school. Then a preliminary education equivalent to a full high school course was made a necessary qualification for matriculation, and this was enforced for two years prior to its adoption by the regular colleges. So when there is written an impartial history of medical education in the latter part of the nineteenth century, Homœopathy must be given credit for leading in its advancement.

The movement in favor of these reforms was led by the more progressive teachers in the colleges, but their accomplishment would have been impossible without the hearty and almost unanimous support of the membership of the Institute. The importance of the latter factor must not be underestimated when other ends are in view. It rests with the profession at large to fix the basis upon which the colleges must compete. Keen rivalry between the institutions is necessary to real advancement. The coordination of their conflicting interests is only possible when an effective organization acts as arbiter and upholds that which is best. Praiseworthy cordiality existed between the colleges while struggling for the reforms already mentioned. Given equally definite aims and fixed standards for the future a reasonable degree of harmony will be assured.

Homœopathy is now confronted with other and newer problems which can only be solved after a thorough understanding of the inevitable trend of events and by concerted action to protect her interests. Following the initiative of our Inter-Collegiate Committee the various State Boards of Registration and Examination are constantly increasing their requirements of the medical colleges. Unfortunately there is lacking the uniformity of action that is necessary for the best results. Some of these boards arbitrarily fix the number of hours to be devoted to the teaching of each subject, and the colleges must comply or forfeit their standing. This leaves the faculties of the colleges almost no choice as to the course to be followed in the education of their students. The majority of the members of these boards are without experience as teachers and their requirements are based upon theoretical considerations rather than practical results. Most of them are representatives of the dominant school in which therapeutic nihilism is so prevalent. As a result their schema assigns comparatively few hours to materia medica and therapeutics. To Homœopathy as a specialty in the medicinal treatment of disease this is a serious menace. Homœopathy is a distinctive therapeutic method added to all else that pertains to the great field of medical learning, all of which it claims by tradition, by inheritance and by inalienable right. To meet the requirements of the curriculum arbitrarily established by the State boards and at the same time do full justice to the homœopathic materia medica and therapeutics is a problem which merits the united and harmonious attention of our college authorities.

Homœopathy is entering upon a new phase of its struggle for existence even while it is still compelled to combat the older forces striving for its extinction. Our unswerving devotion to the therapeutic principle embodied in the law Similia Similibus Curentur, our maintenance of the highest educational standards and our conduct fulfilling the loftiest ethical ideals have won for us the sincere respect of many of our rivals of the dominant school. They now realize that there is no good reason for excluding us from unrestricted intercourse with them in their daily labors, in their colleges, and in their societies. In many sections of the country prominent physicians of good standing in the ranks of the regular organizations are content to meet avowed practitioners of Homœopathy in consultation and as fellow members of medical societies and that too without abnegation of our principles or renunciation of our distinctive societies. These actions of a portion of the dominant school, which speak as plainly as do the hostile words of the less liberal element, imply their recognition of any physician's right to be guided by the homœopathic principle if his experiences and convictions so dictate. This is being

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brought about without either the formal acceptance or rejection of our therapeutic law. It indicates a willingness to give a hearing to Homœopaths which has hitherto been denied to them. It can not fail to be productive of good results, for the profession at large feels the need of therapeutic measures of positive value. The gloom of pessimism which so generally pervades the dominant school has recently been voiced by the eminent Dr. Osler in his declaration that "the best physician is one who knows the worthlessness of the most drugs." This is in striking contrast with our growing rational optimism after more than a century of practice under the guidance of a fixed principle. When it is fully realized that a study of homœopathic practice can be made by any physician, without ostracism by his professional associates, we may reasonably anticipate a constantly increasing demand for our literature and for admission to our societies and to special or partial courses in our colleges. The question arises are our colleges ready for this inevitable accession from the ranks of those who have so bitterly opposed us in the past. Are our therapeutic methods so clearly presented as to compel a recognition of their superiority by the skeptical. An examination of the character of the teaching in many of our colleges when viewed from this standpoint, will reveal many sources of weakness and abuses the correction of which is of prime importance to all who are interested in the propagandism of Homœopathy. It will also disclose the real reason why the attendance at our colleges is not increasing more rapidly. The systematic and enthusiastic presentation of the truths of the homœopathic system of therapeutics which will force conviction upon unbelievers is the one thing most needful to strengthen the faith of our students and to prepare them to defend their opinions at all times and in all places. It is well known that many of the teachers in our colleges do scant justice to Homœopathy, either claiming too much for it or exemplifying it too rarely. We need separate chairs of therapeutics filled by men of broad minds and high scholarship who will trace the evolution of the treatment of each disease from the fallacies of empiricism, through the ever-shifting so-called rationalistic methods to the comparative certainty of a well grounded homœopathic prescription. All other methods of treatment should be critically examined so that the action of the properly selected drug may be aided by every really useful adjuvant. It must be shown, however, that the evidence in favor of many of these auxilliary measures is of the same uncertain character and subject to the same fallacies as that upon which the now discredited drug therapeutics of the past was founded. The literature of the great field of medical learning must be searched for the constantly increasing unintentional verifications of the law of similars. Our scientific methods of drug proving must be taught and demonstrated and the art of interpreting the symptoms thus obtained must be carefully developed. The achievements of Homœopathy and its profound influence upon all medical practice must ever be kept in the mind of its votaries. Our relation to other schools of medicine must be stated clearly but so dispassionately as to carry conviction without creating undue prejudice or inviting antagonism. All that pertains to and is distinctive of Homœopathy must be clearly, connectedly and conscientiously taught. There must be a frequent reiteration of the fact that our separation from the majority of the profession was not from choice but was forced upon us; that we have not been in the past and are not now guided in our practice by an exclusive dogma; but that we do honestly believe in the homœopathic principle as the best guide to the medical treatment of diseases and must maintain our societies and colleges for its study and development until its truths are properly presented in every medical college and society worthy of the name.

Every college which exists under the protection of the American Institute of Homœopathy and fails to do justice to the therapeutic principle which it represents is an absolute injury to the cause, and ought not be complacently tolerated. This vital problem must not be avoided by the Inter-Collegiate Committee for fear of disturbing harmony. Let a high standard be established and absolute loyalty be the price of an entente cordiale; in the strife to advance the standard under the protection and guidance of our national organization the more aggressive the competition the sooner will our cause triumph.

THE DUTIES OF THE AMERICAN INSTITUTE OF HOMŒOPATHY IN PERFECTING A SYSTEMATIC DEVELOPMENT OF THE HOMŒOPATHIC ORGANIZATION.

BY H. R. ARNDT, M. D., SAN FRANCISCO, CAL.

Mr. President: Admitting that individual members of the profession, our colleges and other institutions chartered and maintained for the purpose of directly and indirectly furthering the interests of Homœopathy, our journals and our State societies have each and all certain responsibilities which they must accept and opportunities which they must improve, and that each and all are important factors in building up an organization in behalf of Homœopathy infinitely, more effective than any organization maintained by us in the past; it is yet evident that the chief responsibility and the initiative in this work must fall upon, and belongs to, the American Institute of Homœopathy.

It belongs to the "Institute" because:

I. This body stands for the entire profession, for every State, county and local society, for each college and journal, for each special organization and hospital bearing our name, throughout this broad country of ours. Wherever Homœopathy is known and practiced, the tendrils of this national organization reach out in sympathy with, and in furtherance of, the local work, and wherever the interests of our school are threatened, anxious hearts turn toward the national organization for guidance, sympathy and assistance.

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II. This body, representing the aggregation of all our strength, having its representatives wherever in America this school has a foothold, holding in its grasp the threads that bind into one magnificent whole the manifold and scattered strands which, save through its controlling agency, would never be anything but isolated strands, this body, and no other organization, can, if it will, set into motion collectively and in an indicated direction, for the accomplishment of any purpose it sees fit to accomplish, the sum total of wisdom, energy and loyalty represented in our entire profession, in all its schools, journals and institutions. It can set into harmonious motion all this vast machinery, can keep it working unceasingly and effectively. It can command when no other agency may. By controlling the forces represented here, it can economize effort and money which otherwise would be wasted. By assuming its right to give direction to every stroke of work done in the vast territory which is here represented, it can prevent the scattering of energy, that most threatening source of danger to all endeavors large in scope and territory. In the union secured here there is strength; there is also safety from that multiplicity of counsellors which breeds confusion and creates that diversity of action which courts defeat.

III. The "Institute" alone can raise the funds which are needed to undertake the task of bringing about an effective and lasting organization for the preservation and perpetuation of Homœopathy. To do this will tax the resources of even this large and resourceful body, it would be quite beyond the reach of any other organization of ours. The task to be performed is one which demands the right agent, the right method. And that involves the necessity of taking from out of our ranks at least one man of more than common ability, good address, a fluent speaker, a ready writer, one who possesses familiarity with the many issues involved, tact in organizing, and, more than all else, infinite patience in doing and unswerving belief in the justice of our cause. Such an agent found, you must have for your purpose not only the best there is in him, but all there is of him, and to do that—and nothing short of it is worth doing—you must amply provide for his daily necessities. Only the American Institute can do this.

IV. I am aware of the desire, frequently expressed, for an Institute journal, and can see many reasons why such a journal would be desirable. I am, moreover, ready to grant, for the sake of argument, that an Institute journal, well edited, might more than make good the expectations of those who have advocated its establishment. Yet, however successful, such a journal could only play a second role in the initiative movement in the direction of an organization which alone can bring to us an assurance of safety so far as our corporate existence as a "school" is concerned. To create that enthusiasm which will induce men to make great sacrifices for the common good; to bring us all back to safe moorings; to forsake many of the flesh-pots whose flavor has become sweet from stealthy tasting; to get all our forces once more into alignment so that this great body of earnest workers may as Homœopaths present a solid front, all this needs the appeal of a living voice, the influence of a persuasive, magnetic personality, the resourcefulness of a living, breathing, thinking man whose hand-shake you may feel, who can be with us when we need him, to whom we can talk if we so wish, who can appeal to those we desire to influence. Cold print can do more of these things, can meet none of these demands, cannot drive the entering wedge. And at present it is this very driving of the entering wedge that is of prime importance. The "break" once made, the foundation once laid, a fair start once begun, and an Institute journal will spring into existence and usefulness as one of the earliest results of the movement, and will then take its proper place in our literature. An organizer is needed at once, and he can do much more than a journal to help us concentrate our strength and bend our energies to meet the special demands of these days. We cannot afford to fritter away our limited means and energies. Our safety depends upon doing one thing at a time, upon meeting the most pressing demands first and to the exclusion of everything else.

Concerning the More Important Duties of a National Organizer.

A. Duties Relating to the Profession at Large.

I. He should place himself into communication and keep in close association with all State societies, visiting them when in annual session, and as the representative of the "Institute," address them when invited to do so. The purposes of such regular visits are in part, as follows:

(a) To arouse in our societies the "homœopathic spirit," the old-time enthusiasm, the faith that brings works. Perhaps in no respect can a sensible and broad-minded man who himself actually possesses an honest, intelligent faith in Homœopathy do more telling work for the profession and accomplish more for it than by seeking to bring about within our own ranks a revival of true, rational Homœopathy, that Homœopathy which unfalteringly holds to the cardinal principles of our doctrine. Such a revival, once launched, would sweep through our ranks, giving us all new life and carrying with it the indifferent and the unstable. Then our men will need no urging to do their duty, will not be willing to sacrifice their birth-right for the sake of a peace which involves the loss of a heritage transmitted to us from our fathers in the faith. They will stand up and fight for Homœopathy, none the less liberal and tolerant than now, but stronger because more consistent.

(b) To induce State societies to recognize the necessity, for purposes of self-protection, or organizing county and district societies all through their territory and of giving them in this work advice and actual service.

In every county in every State of this Union men are lost to us because we have allowed our splendidly organized opponents to gather into their local so-

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cieties men who, if looked after, would have proved valuable to ourselves.

We fully realize how ingeniously and how persistently our opponents, ably directed, have cultivated this work and how successful they have been. Every instance of their success means a corresponding loss to ourselves, not alone in numbers but, what is more important, potentially. We must stop this. There must be no "if possible" about it, we must hold our own where they belong, and must see to it that effective local organizations are maintained for them.

It is not pleasant to admit that our opponents have outwitted us; it would be ridiculous, if not suicidal, were we to refuse to fight them because the weapons we propose to use are of their own invention.

The chief reason why our opponents have accomplished brilliant results through their county societies lies in their persistent endeavor to make them interesting and of benefit professionally to all members. I deem it a brilliant idea to turn such local societies, whenever possible, into post-graduate schools and quizzing classes conducted by their own members for the benefit of all. The members thus actually derive material from these meetings, and with an established reputation for helpfulness come liberal attendance and the growth of attractive social features, finally resulting in close companionship and hearty co-operation when common professional interests are involved. We would have occasion to be proud of ourselves had such a scheme originated with ourselves; since we lacked in originality, let us not place upon ourselves the odium of a false pride which refuses to adopt well-tried and successful methods because they were originated by shrewder heads.

This work, of course, properly belongs to the domain of the State society, but an energetic national organizer will find his resources taxed to the utmost in attempting to set the ball rolling and to insure appointment in the different States of special committees composed of men who will actually undertake the work and crowd it to a successful termination, bearing in mind the fact that in counties where our members do not warrant a local organization—and in the far West there are many such counties—men can beyond doubt be found who will make a strenuous effort to maintain a live district society in which several counties shall be represented.

(c) To induce State societies to take more active interest in State legislation, to take more pains in selecting for duty on legislative committees men who have no "axe to grind," who are Homœopaths all the way through, who will not sacrifice the interests or ignore the wishes of their colleagues to either please themselves or to gain personal advantage. It should be the special care of the national organizer to insure co-operation of each State legislative committee with such a committee of the American Institute and himself. We are all familiar with the wretched, haphazard work done by ourselves in the various States so far as the boards of State medical examiners are concerned. We have been outwitted in every direction, and in many cases have actually placed ourselves deliberately at the mercy of our opponents. Had there been a national organizer acting upon lines carefully considered by a central committee, there is a strong probability that we all would have worked together, would have adopted a fixed policy of resistance, and would have found ourselves to-day in a position infinitely more independent, far better protected and by our opponents more thoroughly respected than we now are.

(d) To secure in the States that are strong enough to undertake the work, the employment of a field secretary in order to accomplish the task outlined by a previous speaker. With these field secretaries the national organizer should hold close and confidential relations, and they should co-operate whenever opportunity to do so offers. The national organizer should be fully informed concerning the work in all the different parts of the country, and should render such aid as may prove acceptable. If no field secretary is employed by a State society, the national organizer should urge the appointment of an executive committee, with representatives throughout the State, who will systematically carry on work otherwise done by a single official agent. In such a case the national organizer would find constantly recurring occasions for rendering assistance and would use every effort to keep the state organization in line with the national body.

(e) Incidentally, a national organizer, when visiting other representative bodies, will have it in his power to aid in correcting certain vicious habits into which some of us have fallen. Thus he will be in a position to urge loyalty of the individual practitioner to those agencies which exist only to help the cause. The support of our own colleges and journals will occupy a certain portion of his attention. The colleges especially need this advocacy in view of the fact that it has become a not uncommon thing to see older men who would not allow their loyalty to Homœopathy to be called into question send their sons and students to old school colleges, possibly "finishing" their education by a one year's course in one of our own schools. It is useless to "argue" this matter. We know that as a twig is bent so will the tree grow. No student can remain four years under the influence of an old school faculty and leave that institution prepared to assume the role of an intelligent, qualified and consistent Homœopath. Neither is it possible for any student, after spending four years in an old school college, to recover himself in one year, if ever, from the effects of the teaching he has had, to say nothing of the utter futility of seeking to master in the course of this one year the teaching peculiar to ourselves and to gain a thorough knowledge of homœopathic materia medica and its application to practice. I much doubt if one could do better and more acceptable work here than this representative of the Institute when brought face to face with those whose influence with individual students will prove the deciding factor in the selection of their Alma Mater.

II. In thus visiting State and other representative societies, the national organizer will have op-

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portunities to add to the numerical strength of this body by keeping before the profession at large the duty of active membership in the Institute. The importance of this should not be overlooked. The stronger numerically the greater the opportunity for doing effective work, both from the advantage of an increased income and through the greater and ever-growing influence upon the policies of the State organizations of the two; at the present time, the latter consideration is the more important.

Here again the policy of the American Medical Association of recent years is worthy of respectful attention in that its aim is to gather into its own fold all the good workers in every part of the country and to gain and hold the consent of the great body of the profession to be guided in all things pertaining to the profession at large, and even in matters of local importance, by the wishes and the wisdom of the national organization. In spite of urgent protest occasionally made against this policy, its wisdom is amply justified by its achievements, and the homœopathic body is in a position to bear witness to this. To strengthen our own hands, we must here also throw to the winds false pride, and entrench ourselves behind fortifications whose plans originated in the camp of our assailants. It is far better to do this than to be eventually forced into that unconditional surrender which "the other side" already and gleefully anticipate.

Persistent work in this direction, i. e., numerical gain of the American Institute, should in due season produce tangible results. Surely occasion for it exists. I have not the means now at my disposal to form an even approximately correct estimate of the percentage of practicing Homœopaths who are members of the American Institute, but I know, for instance, that the Empire State has about 1,400 homœopathic physicians, of whom about 375 belong to this body. Michigan has surely more than 600 practitioners, but only 75 of these hold membership here. California, with about 425 Homœopaths, has never been able, on account of the distance, to send you a large representation, but about 96 of our people belong to you. The great State of Ohio must have at least 900 practicing Homœopaths; of these 132 have the right to wear the Institute button. It thus seems reasonable to assume that from 15 to 25 per cent. of the homœopathic physicians of this country are members of our national society. Could this percentage be materially increased in the course of a few years, the national organization would be materially strengthened, its effectiveness correspondingly increased, and the various State organizations would be greatly the gainers.

III. The national organizer should endeavor to visit not only State societies, but as your representative should seek to meet the profession in all the important centers for the purpose of forming personal acquaintances, of familiarizing himself with local conditions, of interesting all in the national society and in the work contemplated by it, and of strengthening the hands of our friends by helping to efface local prejudice, by getting them to work harmoniously for the common good, and by keeping them posted on all matters of interest concerning Homœopathy in other parts of the country. Such meetings, held under the auspices of the local profession, can be made productive of great good, and under the guise of social enjoyment affairs of serious import may often be more effectively managed than when approached as a matter of formal business. The possibility of occasional popular lectures, open to all who desire to attend, suggests itself as feasible after the work has become well established.

B. The Work as it Relates to Our Colleges.

Our colleges play an important part in the development of the profession, both as it relates to the professional fitness of the individual graduate and to his or her knowledge of the principles of Homœopathy. Upon the latter depends largely the attitude of the individual graduate to the questions at issue between the hostile camps in medicine. If sent into the field well grounded in the principles of Homœopathy, and convinced of their practical value by clinical demonstration in the dispensary and hospitals connected with the school, the young physician is likely to practice as he was taught; he will become a painstaking and intelligent prescriber and consistent, loyal Homœopath, not necessarily bigoted, but ever ready to exemplify in the sick room the teaching he received at school. He will almost surely identify himself with homœopathic societies and become an active factor in all that pertains to the advancement of the profession, scientifically and otherwise. If sent into the field badly taught in the principles of Homœopathy and in the art of prescribing homœopathically, he may prove a brilliant operator, a man well grounded in the sciences and reliable in diagnosis; but as a prescriber of remedies he will almost surely be deficient. He is bound to lack confidence in himself and in the homœopathic method, with a strong inclination to depend upon mechanical agencies rather than upon the one indicated remedy in the case. Doubt as to the efficacy of the attenuated remedy will soon grow into distrust, chiefly because his lack of positive conviction and of practical experience will lead to a blundering and unskillful use of remedies; and in a large percentage of cases our young and brilliant practitioner, capable from every standpoint save that of the homœopathic prescriber, will either become a mere figurehead as a Homœopath or an open skeptic and a free-lance in the field of therapeutics.

The number of men who find themselves in this condition is increasing yearly and they constitute one source of our weakness. No man can work earnestly for a cause in the soundness of which he has not full confidence. No man can be an effective member of any organization whose aims and teaching do not appeal to him and of the correctness of whose teaching he is not fully convinced. How can the young man, fresh from college, give to us, as Homœopaths, the very best there is in him when he lacks in knowledge of our principles and is by no means sure that Homœopathy represents

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the best there is in therapeutics? How can we expect him to prove a hard worker for the protection and the advancement of our professional interests when he has cause to more than half doubt our sincerity and intelligence?

It is then because our future as a "school" depends very largely upon the character of the teaching done in our colleges that the American Institute of Homœopathy is bound sooner or later—and the sooner the better—to assume the responsibility of putting itself in close contact with all our colleges and to endeavor by all means at our disposal to persuade "homœopathic" colleges that they are in honor bound to teach Homœopathy. If you will put into the field a national organizer who himself is familiar with college work, who from personal experience realizes how difficult it often is for college authorities to meet all the demands of modern medical education without neglecting our own special work, one who has broad sympathies with all medicine and yet is not carried away by the so-called liberalism of the present day, such a man will prove a powerful factor in bringing about a much-needed reform. An organizer who is in every way qualified, but lacks the tact necessary to deal with this phase of the question, who is influenced by local considerations and ties, and who fails to limit himself to the feature of the work which he should cultivate.—i. e., the academic, doctrinal, "institutional" part—such an organizer would soon become deeply entangled in a mesh of troubles of his own weaving which will prove a disturbing factor rather than a help to the college.

To accomplish the utmost good the national organizer should be permitted by the college authorities to visit them at any time he can, and he should have free access to all the departments of teaching, so he will be able to form a reliable opinion of the quality of the work done. I need hardly add that he should chiefly interest himself in the departments of materia medica, practice and institutes.

The necessary arrangements to this end might be made through your inter-collegiate committee, and the organizer should have a recognized place on this committee in order to be at all times familiar with its doings. He should also be instructed to make annually such recommendations to the inter-collegiate committee as in his opinion would further the efficiency of the teaching in all our colleges as it deals chiefly with the well-grounding of our students in homœopathic materia medica, practice and institutes. It is evident that a yearly report might be made by him to the Institute, which report, with the suggestions, recommendations and comments contained therein, should be discussed and form a part of your transactions. Parts of this report might properly be submitted to the senior body of the Institute, for their special consideration since they by long and usually loyal service in the profession have gained an experience which may render their counsel of extraordinary value.

It is probable that an organizer, when visiting one of our colleges, may be invited to address the student body; he should be prepared at any time to accept such an invitation and to speak on topics immediately connected with his special field of duty.

C. The Relation of an Organizer to the "Literary Bureau."

Other gentlemen have already pointed out the fact that our journals are in a position to render invaluable service to the profession by their loyalty to the American Institute and the tenets of sound homœopathic teaching. That our journals have been true to the highest interests of the school cannot be doubted. It is nevertheless probable that the value of their work and the sum total of their influence can be measurably increased if the Institute, through a national organizer, will keep itself in close touch with our corps of editors and co-operate with the journals in adopting and adhering to certain lines of policy which are in keeping with the special aims and plans of this body. Such co-operation can be easily had, for no class of men within our ranks are more closely identified with, or more highly interested in, the welfare of the school, and the editors will be found eager to take a hand in any movement which promises well to the common good.

The wisdom of creating and disseminating systematically a popular literature, for the purpose of reaching prospective medical students and as a means of general propaganda, has already been presented in the symposium. It is evident that here also the co-operation and the advice of an organizer may be advantageously utilized, since he will be in a position to know what kind of literature will prove most useful and where it may be put so it will do the most good. He would naturally drift into a position not unlike that of a general distributing agent, and in many cases will be able to furnish information otherwise not easily obtainable

And, finally, this paper is presented at this time because the writer believes that we, as a school, must bestir ourselves or see our organization disintegrate slowly, but surely. I beg to submit the following:

I. There would be no calamity to the world at large or to the science of medicine if we, as a school, were to disappear from the theatre of action, provided those principles for which Homœopathy has ever stood, and for which we alone have ever stood, were to be perpetuated fairly and honestly by the dominant school, as an integral part of their college course. It has been suggested that such arrangements might be made, and it is quite common in this connection to hear cited, as proofs of the plausibility of such an arrangement, the presence of homœopathic colleges in several American universities. Unfortunately, those who see in the presence of these homœopathic colleges as part and parcel of several State universities a reason for anticipating that other great institutions of learning, in case we should lose our identity, would at once or ever imitate the example set by Michigan, Iowa and Minnesota, forget that in not one single instance were the dominant school in the States referred to willing to give us the recognition demanded. The representation we gained was the result of our personal effort, of our persistent clamoring for recogni-

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tion, backed by the people, granted by legislatures sensitive to popular opinion, and eventually won in spite of every form of opposition on part of dominant medicine. Were it in the power of our opponents to take from us such recognition as we have won, they would do so without a moment's hesitancy and under the plea, possibly under the honest belief, that they were thus promoting the sacred cause of professional unity. (See the recent effort made to cripple our college in the University of Iowa.) Should we lose our identity or surrender our organizations, Homœopathy with all it represents would be lost to the great bulk of the medical world; and our colleges in State universities, as all other institutions devoted to the teaching and practice of Homœopathy, would at once cease to exist. Homœopathy would again become a thing to excite curiosity, a fad to be cultivated for the purposes of gain; and all this would occur in spite of the fact that the results of teaching are indelibly impressed upon old school practice. Remember that for ages upon ages the law of similars was known to be a potent factor in curing the sick; but that that knowledge remained shadowy until Hahnemann crystallized it. It will again relapse into indistinctness and will once more be buried beneath a burden of scientific half truths unless Hahnemann's followers fight manfully to keep it well to the front, and that can only be done by immediate organized effort. In all the overtures made by the dominant school, have they ever expressed a willingness to establish chairs of Homœopathy which shall be under our control to insure soundness and fairness of teaching?

2. The old saying, "What is everybody's business is nobody's business," holds good here. Twenty-five thousand men, more or less, in the aggregate represent much ability, political and social influence, and money, but these same men scattered over a large territory, each bent upon his own affairs, they will by independent action accomplish very little for the advancement of interests which are dear to them collectively. They can only "accomplish" by delegating their collective power to some one whose entire time and best attention are given to work at the "firing line," and whose efforts they can "back" each in his locality and sphere of influence. We, as State societies and as the American Institute, may "resolve" and "discuss" to the end of time and accomplish nothing until we concentrate our energy and power in some one person who, duly qualified, shall give his entire time and strength to carry out a line of action which we may frame, but cannot execute save in just this one way. And herein lies the urgent need of a salaried national organizer.

Knowledge is a plant of slow growth, and methods of work are very largely a matter of imitating the successful. Our opponents, after trying in vain for almost a century to crush us out of existence, saw us grow into a position of influence, enjoying abundant support and the confidence of the communities among whom we lived, eventually forcing upon our persecutors a clear realization of the fact that their efforts had been futile because of the faulty methods employed. About twenty years ago they began to organize, quietly, but with a persistency that challenges admiration. It was their aim, openly stated, to perfect an organization in every country of every State in the Union; and there is no doubt whatever but that they will accomplish their purpose. What was the power that set into motion this successful agency? Their central organization, the American Medical Association, under the leadership of men who among other things were determined to secure unity in the medical profession by crushing all opposition and who were fully convinced that the old method of persecution was responsible for their failure to accomplish earlier what had always been their pet object. The will of the American Medical Association was enforced, and the policy of its leader has been vindicated.

What did we do in the mean time? We attended to "business," each for himself. When the time came when some measure, evidently not wholly friendly to ourselves, was to be adopted, a few of us, those perhaps who were thought to have nothing else to do, met informally to discuss the measure, and usually the bland affability of our old school politicians and their numerical strength overcame the apprehensions of the majority of our self-appointed committee, and we yielded rather than be disagreeable and fight. Step by step we have allowed ourselves to be led by the nose. Our people were induced to join their local societies, and were thus brought under old school influence, in places where our members were small, on the plea that unity of purpose was of benefit to all, that individual opinions in educated men were to be fully respected, and that the time had arrived for all true men to bury the hatchet. In many instances our people took them at their word, and then nearly always lost them. Those who joined their societies and yet remained true to us and to their faith, were upon the first manifestation of loyalty to their first love promptly requested to resign from one or the other society. (Vide the case of Dr. Francis B. Kellogg, of Los Angeles, Cal.)

And yet we drifted! To the concerted action of an overwhelming majority we opposed nothing but "talk," and fault often was found with the few who saw the danger, sounded the alarm, and begged for concerted action for counter organization. It is because we had no concert of action, no counter organization that it it became possible to create the "single" board of medical examiners in nearly every State of the Union and that our own people were actually cajoled into aiding in the passing of the law creating it. My own State fell into the trap, although not without vigorous objection on the part of a few. Wherever possible, the lines have been drawn closer and closer, and the final achievement is to be disaster to ourselves.

If it be too late to undo, should we not organize even at this late day for the purpose of gathering our forces so we may at least be in a position to prevent further new, and, perhaps, greater mis-

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chief? Conversation and concentration of energy, it seems to me are the watchword of the hour. Or shall we let things drift still further, and seek each to save his own fortune by a graceful capitulation?

I yield to no man in loyalty to the profession at large. I know the times demand broader and deeper professional qualifications for our young men than we older men could obtain. I am satisfied that we, for our own sake, must meet the demand made upon our colleges for thorough courses in the scientific branches of medicine. But I do not wish to see Homœopathy sacrificed in order to meet this demand. I belong to those who believe that the supremacy of the homœopathic law is in no way affected by modern laboratory or clinical experience. I see in many phases of modern pathology and ætiology marvelous confirmations of Hahnemann's teaching, and am not afraid of their bearing, eventually, upon the position of Hahnemann and his followers. I believe that unwittingly our opponents are furnishing many proofs of the soundness of the cardinal points of our teaching. And it is because after many years of active and not altogether selfish professional life I see as the outcome of this work the possibility of a reconciliation between the schools which shall be without the sacrifice of one important principle, and shall contain a complete vindication of the truth we have taught, that I now plead earnestly not to forestall the culmination of our dearest wishes by placing our all, even God's truth, unreservedly and submissively into the keeping of those who cannot sympathize with us because they do not care to understand us.

To protect the truth placed in our keeping is the supreme duty of the hour. The only effective way to accomplish this is to organize. Let us organize!

THE HOMŒOPATHIC SOCIETIES, LOCAL OR SPECIAL, IN THEIR RELATION TO THIS WORK.

BY JOSEPH PETTEE COBB, M. D., CHICAGO, ILL.

The success of any movement to which there is an opposition depends upon organized work. The degree of success will depend upon the degree of organization behind the work.

The larger the body that is interested in any work the more necessary becomes the matter of organization. A few men with a common interest can do good, effectual work with little or no organization, but an army of ten thousand with varied interests, and those largely personal, will accomplish little for the common good without leaders, a plan of work and an organized support.

Our friends in the dominant school of medicine were forced into a recognition of these facts more than a decade ago; they have been persistently and successfully building up an organization since that time.

The plan of their organization is a central body controlled by a small representative group, of which the State organizations are integral factors.

The State organization in its turn is the central and controlling body of the local (city, town or county) society.

The aim is to reach every individual and to make each individual a member of, and subservient to, the central national body. It is their boast that an edict from the controlling group of this national society reaches every corner of every county of every State of this country.

The town or county society is the elementary unit in this organization. The greatest efforts are made in the upbuilding of these local units. Organizers are constantly kept in the field for the purpose of starting new units and to strengthen those already existing. The larger societies, including the State societies, are also periodically inspected by an official appointed for that purpose whose report is regularly received.

The extent and perfection of the organization controlled by the executive body of the American Medical Association is remarkable. The power of that Association has been wonderfully increased. On more than one occasion in recent years has their political power been demonstrated. Your press committees can enlighten you in reference to their control of important newspapers and magazines. Their methods have been paid organizers, an official journal, temptations and bribes. They have left our strong societies alone and preached goodwill while at work in hundreds of towns and counties to undermine us by inducing our physicians to join the local society. The advantages to the isolated practitioner of joining with them are not entirely chimerical. We must look after the country practitioner, the isolated doctor and the pioneer in the fields.

I have heard it stated on the floor of this Institute that the fact that the American Medical Association has made any certain move is no argument that we should do the same thing, rather that we should do something different, that we should avoid being imitators.

This to my mind is the weak argument of a narrow mind. It is a wise man that can learn from observation, that can recognize his opponent's winning moves, that can rival his success by imitating his methods if desirable or still better by adapting them to his own conditions, and then pushing on to something more effective.

So far as the question of organization is concerned, we should endeavor to get out of the defensive position into which we have been forced, and to assume an aggressive initiative, a position which our principles demand of us and one to which they are entitled. To this object organization is necessary.

The power of a profession organized is increased many fold.

The maintenance of an organization depends upon an object to work for and methods for orderly work.

In the question of ultimate objects we certainly are more fortunate than our old school friends. Self-preservation and mutual support are equally as needful for them as for us; in fact, ten or fifteen

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years ago these questions were of vital import to them, and were the prime objects which led to a better organization on their part. They have no new message to give the world of science. As a school they are still groping for a system that shall explain apparent irreconcilable facts; they recognize no law of nature as a guide in the practice of medicine, and as a school are medical agnostics.

On the other hand, we have a law which has stood the test of over a hundred years, which explains all of the irreconcilable facts that puzzle our old school friends and which makes us more and more optimistic every year of our lives. As a school of medical practice they are negative, pessimistic and nihilistic, while we have a right to be positive, optimistic and aggressive.

Yet in many States, we are fighting for an existence; in other States we are fighting to retain the position our predecessors have won, and in others we are making no fight at all.

Our national society should be representative of our whole profession.

There should be a more intimate connection with the State societies. More efforts should be made to build up local societies that are integral parts of the State organization.

In the question of organization the special society occupies a peculiar position; they are undoubtedly of value to the special interests they represent; they help the men who compose their membership, and in so far as they represent the theory of Homœopathy they help the cause of the school. When they are an integral part of the general organization, meet with other parts of the general organization, add their support to the common cause they are giving their best support to the common interest. Just in so far as they detract interest from the national or State society, draw the membership away from these bodies and oppose their growth they are harmful to the school.

We should all be working for the common cause, each society and individual in his own individual way, but as a part of an accepted common plan, always putting the interest of the common cause ahead of the personal interest. We have too large a proportion of men who always, before undertaking any new work, ask themselves the personal question, "How is this thing going to affect me." Their sympathy, their support and their active co-operation depend upon their own answer to their own self-asked question.

At the time when the Institute decided to make the State organization a component part of itself by recognizing membership in the State society as a prerequisite to membership in the Institute, Illinois undertook to perfect its organization and to reach out for the unattached members.

Our work in Illinois strengthens my opinion that the rescinding of the action of 1904 requiring membership in the State society was an error in my judgment.

It was confessedly a sacrifice of the State and local society to the interest of the Institute. Look after the local society and the national society will take care of itself.

Three years ago the Illinois State Homœopathic Medical Association began a systematic work of organization under a special committee appointed for that purpose; four new sectional societies as component parts of the State association have been organized which have grown in size and in the importance of their work. The old sectional societies have enthusiastically continued their work. An effort is under way to co-ordinate the work of the old Chicago societies, all of which, in spite of the formation of an independent and to some extent an opposing body, have been doing good work and maintaining regular monthly meetings.

This organization work has very materially built up the interest in, and attendance at, our State meetings.

In 1904 the registered attendance at our State society was three hundred and fifty-nine; the number who joined, twenty-seven.

In 1905 (no registration was made, the meeting being in conjunction with the Institute) the number who joined, eighty-one.

In 1906, attendance two hundred and seventy; number who joined, twenty-three.

The decline was due in part to the illness of the secretary and the absence of the usual official urging.

In 1907, attendance four hundred and twenty-two; number of new members, sixty-one.

Total membership to-day is four hundred and fifty-nine.

Several things are worthy of note in this record. We have a larger proportion of the State profession as members than the old school State association has.

Our actual attendance this year was larger than theirs was.

We have a larger proportion of Illinois physicians holding membership in our State society than our national society has of the physicians in its territory. A larger proportion of our members attend our annual meeting.

For two years the State association has maintained an official journal, which is sent free to every one whose annual dues are paid.

The chairman of the Organization Committee tells me that the journal is of great help in organizing and in maintaining the local societies.

The treasurer of the State organization informs me that the official journal is of material help to him; members pay up their dues more regularly and a much smaller number are annually dropped for the non-payment of dues.

For the past two years the Chicago society has been co-operating with the old school society in the matter of mutual defense against blackmail suits; the arrangement has been so mutually satisfactory that plans are maturing to extend the protection to all members of both State societies.

In fact, our State society is reaching out to interest all of the physicians of the State. The means employed have been a live organization committee,

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a good official journal and a system of co-operate defense against blackmail. The result has been an increased number of local societies, a larger proportion of the profession holding membership in the State society and a larger proportion of the members attending the meetings of all societies.

The effect of this work will be felt by this Institute. Very few men join the Institute as their first move in organized work. The local organization appeals to him, the right influence there sends him to his State society.

Our committee on new members will accomplish its best work when it induces each State society to maintain an active organization committee whose first duty shall be to look after the local society.

Materia Medica.

THE FACTS ABOUT VARIOLINUM.

BY CHARLES WOODHULL EATON, M. D., DES MOINES, IOWA.

It is proper to say that the presentation of this subject is by request. Iowa, it seems, has become somewhat conspicuous in this connection. The extensive employment in my State of internal vaccination by means of Variolinum, the large mass of experience resulting from that use, and the vigorous defense made in the courts when the authorities questioned our right to use it, have combined to produce in many quarters an impression that it is in some sort an "Iowa idea," although Iowa obtained it precisely as it did Belladonna—by homœopathic inheritance.

But Iowa is proud of this splendid piece of homœopathic practice; is proud of the three independent and distinct decisions of its district courts in widely separated localities, amply protecting the right to use this method and compelling school and municipal authorities to accept it; proud of the thousands who have thus been rendered immune, and at the same time spared the scarification danger of acute and chronic septicæmias, and when the request comes that Iowa take this matter up before the Institute, she is ready to respond.

I count myself happy that the request was for "a paper that would discuss the subject in a scientific manner." For no matter what our views may have been when we entered this room, if we take the matter up in a really scientific manner, we are sure to reach practical agreement in conclusions.

I care not how many of you have previously been favorable and how many unfavorable. The privilege of this occasion lies in the fact that all present are life-long workers in applied science, and are, therefore, always ready to take up anything or abandon anything, irrespective of preconceived opinion, provided the demonstration be sufficient.

The entire matter of internal vaccination by means of Variolinum is comprised in the answer to three simple questions;

First. What is Variolinum?

Second. Is its use, as a greatly improved form of vaccination, reasonable?

Third. Has the test of actual experience demontrated its effectiveness?

First. What is Variolinum? A pertinent and necessary inquiry it would seem, for the leading editorial in a recent issue of one of our ablest journals refers to it as "a drug." As a matter of fact, Variolinum is the contents of the ripened pustule of small-pox. It is not the contents of a vaccine pustule. It is the virus of variola, not the virus of vaccinia. It is the virus of small-pox, not the virus of cow-pox. There has been some confusion on this point. Our pharmacies afford both Variolinum and Vaccininum, with the result that the two preparations have been mistaken for each other.

The importance of this distinction is evident when it is remembered that any immunity conferred by cow-pox virus is indirect; conferred by small-pox, it is direct.

Second. Is the use of Variolinum reasonable? It is reasonable—

(a) If an individual may be rendered immune to a given disease by inoculation with the virus of that disease in the proper preparation and amount; and

(b) If the virus of disease is effective when administered by the mouth, as distinguished from administration hypodermically or by scarification.

These two propositions demand close attention and exact thinking. For just here is the very core of the whole matter. No loose and hazy "general impressions" and no half-and-half conclusions will do here. We must advance cautiously, weigh our words, reach definite and clear-cut conclusions, and then stand by them. In this spirit of unbiased precision let us take up each in its turn.

(a) May, then, an individual be rendered immune to a given disease by the administration of the virus of that disease in the proper preparation and amount?

Behind this question lies an enormous amount of experimental research which bears upon it as directly as if instituted for the sole purpose of determining the answer. For you will not fail to observe that all the work done in the entire field of serum therapy rests absolutely upon the proposition that immunity is obtained by the administration of the virus of the disease. I am especially anxious not to be misunderstood just here. We have nothing to do just now with the question of the merits or demerits of serum therapy as a mode of treatment. We are not concerned with the question what these serums accomplish, but solely with the question how these serums are obtained. Stop and think closely for a moment. These serums are obtained from animals rendered immune to a disease by the administration of the virus of that disease. Every animal that ever furnished a serum is an affirmative answer to this question. Every animal is evidence that immunity is obtained by the administration of the virus of the disease.

It is wonderful to think of the countless thousands of animal experiments, of clinical experi-

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ences, and of the steadily proceeding manufacture in biological laboratories, the combined volume of which testifies to this one fact of immunity conferred by the proper use of the virus.

Perhaps I owe you an apology for taking time to call your attention to a matter so familiar. But it is for the purpose of asking that it have at this time, your special and pointed attention, because I want now and here your definite and specific assent or dissent. Let us come squarely to the scratch. Has scientific research demonstrated that immunity is obtained by the proper administration of the virus of disease? If the answer is "yes," let us say "yes" clearly and decisively.

(b) Now for the second question, and again I invite that pointed attention which has in it the decisive quality. Is the virus of disease effective when administered by the mouth as dstinguished from administration hypoderimcally or by scarification? Must it be by the hypodermic syringe, or may it be by the mouth? Is disease virus absorbed, actually taken into the system when swallowed? Are its characteristic reaction and its immunizing impress upon the system obtained only when it is injected? Or are they also so obtained when it is ingested?

Never mind the theory, what we want is the fact. And again I avoid trespass on your time by citing at once an established and conspicuous fact, namely, the danger from ingestion of tuberculous milk and meat. Why dangerous? Because disease products do make their impress on the system when ingested. The protest of the medical world when Koch maintained that bovine tuberculosis was not transmissible to man, and the quick and earnest demonstration that he was in error, are still fresh in your minds. In Great Britain this assertion of Koch caused the appointment of a Royal Commission to investigate. I have before me their "Second Intermediary Report," an extended and elaborate document published this year. They say, "Of the total sixty cases (of human tuberculosis) investigated by us, twenty-eight possessed clinical histories indicating that in them the bacillus was introduced through the alimentary canal. * * * These facts indicate that a very large proportion of tuberculosis contracted by ingestion is due to tubercle bacilli of bovine source."

The whole importance of their investigation, and of our systems of milk and meat inspection, lies in the fact that disease products do inoculate the system when taken into the alimentary canal. It is, of course, not held that the amount necessary to produce toxic effects is the same when given by the mouth as it is when given hypodermatically. In the case of our familiar drugs, the hypodermatic dose is always the smaller.

This, however, is not an invariable rule. While writing these lines, it was my good fortune to listen to an address by Dr. Fenton B. Turck, whose experimental researches concerning food, digestion and nutrition have made him an authority. In the course of this address he had occasion to refer to the fact that his experiments showed that alcohol and the extractives of meat do not produce their characteristic pathological changes at all when injected hypodermatically, but only produce them when ingested.

But the comparative amount required by the two methods of inoculation in order to produce toxic effects, does not now concern us. The question is not one of size of dose, but simply whether actual inoculation results from swallowing disease products in any dose. And the answer furnished by the investigations of the British Royal Commission and by the establishment of our own systems of meat and milk inspection, is so undeniable and so pointed, that it would seem to be a waste of your time to indulge its further consideration. So again I ask you to come squarely to the scratch. If your answer is "yes," let it be clear and decisive.

It may be proper in passing to note that for the homœopathist ample evidence is at hand from the therapeutic side. The effective action of such a remedy as Psorinum, long established and undoubted, is of itself conclusive that disease products profoundly impress the organism when given by the mouth. But however interesting and convincing this may be to us as homœopathists, I prefer to rest the case solely upon the common ground of that general biological and pathological knowledge which is familiar to all alike, irrespective of any knowledge of homœopathic therapeutics.

Reverting now to the original query, Is the use of Variolinum reasonable? There seems to be no escape from an affirmative answer. We have seen that it is the virus of small-pox; we have seen how complete is the demonstration that an individual may be rendered immune to a given disease by the proper administration of its virus; we have seen how experience has so amply demonstrated inoculation by swallowing, that that fact has compelled the enactment of food inspection laws. How then can we escape the verdict that the use of Variolinum is reasonable? In a word, we have first the virus, second the law of immunization, and third the fact of inoculation by ingestion. Is internal vaccination reasonable? The answer is inevitable.

So much for the scientific basis. It remains to inquire whether the test of actual experience has demonstrated its effectiveness.

The small-pox epidemic of five years ago (which, indeed, has not yet wholly disappeared) afforded a rare opportunity for just such a test. Up to the time of this epidemic, most physicians had never even seen a case of small-pox, much less had any chance to test its prophylaxis. But with its onset all this was changed, and experience with both methods of vaccination accumulated rapidly. What was the verdict of this experience regarding the internal method? How did Variolinum stand the test in actual practice?

This is a simple question of fact and should be answered by the actual figures. So I asked some of my Iowa colleagues whom I knew were users of the new vaccination, to contribute their experience in the following particulars:

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I. Number whom you protected by Variolinum .....

II. Number that you know to have been exposed to small-pox after taking Variolinum .....

III. Number who had small-pox after taking Variolinum .....

In making this request I was careful to write: "I trust that reference to your case book, ledger and other records will enable you to make your figures on these three points definite and exact. May I ask that in any uncertain cases such ones be omitted from your report, to the end that the figures may be conservative, and an understatement rather than an overstatement."

This suggestion was cordially received, all those reporting their experience being careful to have their figures well inside the facts. So much so that the total number they vaccinated by the internal method was much larger than the figures given, because their records were not complete enough to enable them to report the full number. One of the most careful observers wrote that he presumed he had used Variolinum in twice as many cases as he reported, but had not the records to verify the figures. Because of this care on their part to make the report of their experience conservative, I take pleasure in presenting the following combined experience:

Number protected by Variolinum.	Number known to have been exposed to small-pox after taking Variolinum.	Number who had smallpox after taking Variolinum.
*2806	547	14

As already noted, the total number of Variolinum vaccinations was in fact materially greater than the figures indicate, because of rigid conservatism in reporting. But to a still greater degree are the reported number of exposures less than those which actually occurred, for the terms of the report were severe, namely, "Number that you know to have been exposed to small-pox." Necessarily the number known to have been exposed must have been far less than the number actually exposed. And here again the scientific caution of the reporting physicians is conspicuous and commendable. For example, one of them who reports only eight known exposures, expresses the opinion that 100 were "doubtless exposed."

Many of these reported "exposures" were of severe character, as, for instance, the following:

"Mrs. A. R., aged 64. Had never been vaccinated. Found her nursing her son who was in the pustular stage of small-pox. Gave Variolinum 12x, five disks every four hours. On the fifth day had a severe general headache with a temperature of 102.5°. The next day one vesicle appeared on the face. The temperature subsided on the fifth day. She had sole care of her convalescing son and herself all the time." (Dr. Royal.)

"I had three different houses where one of the inmates had small-pox. In one house there were six inmates. One of their number had small-pox. The other five had never been vaccinated. I used the Variolinum on three, the other two I scarified. None of them took small-pox. In the other two houses there were four and five inmates besides the one stricken. I gave Variolinum to all of them and none of them took the disease." (Dr. Laird.)

"One case began atypically, was taken to the hospital where he was visited by a number of relatives, was worked over by internes and nurses by the hour to relieve a severe pain in an old appendicular scar, thus fully exposing at least twenty people. To every one of them Variolinum was given, and not one of them took the disease. This was a marked case and was in the pest house for about four weeks." (Dr. Hazard.)

"I know positively of eleven that were exposed to small-pox and were continuously in the room with the sick. Of that number two had what I thought to be the initial fever of small-pox, but no eruption appeared, and in three days all the trouble had subsided." (Dr. Humphrey.)

"Family of J. S. Three cases of small-pox developed in family before I was called in. Four other members of family, two young men who had never been vaccinated, and the parents who had been vaccinated. Administered Variolinum to all four and none of them developed small-pox, though in constant and direct contact with the sick members of the family." (Dr. Adams.)

"February, 1901. V. H. Developed small-pox. His wife who had been vaccinated, and three children who had not been vaccinated, were given Variolinum. They lived in the same house, and slept in the same room with him during all of his sickness, yet none of them contracted the disease." (Dr. Adams.)

"March, 1902. D. L. Four of family developed small-pox. His wife and five children, none of whom had been vaccinated, were given Variolinum. Within forty-eight hours the oldest son developed symptoms of small-pox, but his attack was very light. All other members of the family, though living in the same house and directly exposed through attendance on the sick, escaped all symptoms of the disease." (Dr. Adams.)

"March, 1902. F. R. Young man, aged thirty, developed small-pox. His mother and an adult sister

*I am indebted for these reports to Drs. C. B. Adams, Sac City; E. C. Brown, Madrid; E. N. Bywater, Iowa Falls; A. P. Hanchett, Council Bluffs; A. H. Hatch, Des Moines; T. L. Hazard, Iowa City; H. M. Humphrey, Lake City; J. W. Laird, Mt. Pleasant; A. M. Linn, Des Moines; H. E. Messenger, Des Moines; P. J. Montgomery, Council Bluffs; George Royal, Des Moines; L. W. Struble, West Liberty. It is but just to say that these are all well known Iowa practitioners of character and standing. Two are members of the State Board of Health, and a third was also a member of that body when the small-pox epidemic was at its height.

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who lived with him, neither of whom had been vaccinated, were given Variolinum. They attended and nursed him through a very virulent attack and neither contracted the disease." (Dr. Adams.)

"March, 1902. C. S. A young man, aged 24, developed small-pox. His father and mother were given Variolinum, and both escaped the disease, though in constant attendance upon him." (Dr. Adams.)

"Gave Variolinum 30x for one week. That day her brother came home with a well developed case of small-pox. The girl nor her mother had neither ever been vaccinated before. I at once gave the mother Variolinum. They were quarantined thirty-five days with the case of small-pox, and neither of them contracted the disease." (E. N. Bywater.)

"Girl. Given Variolinum in October, 1904. Was quarantined thirty-five days this spring with three cases of small-pox and did not contract the disease. Was of that type that takes everything that comes along, but escaped this time." (Dr. Bywater.)

"Ethel Stevens. Then aged six, was given Variolinum 30x in January, 1902. Have had small-pox in the family three times since the Variolinum was given, was never vaccinated or protected in any other way, has been exposed at least each of these three times, and has never showed a symptom of the disease. Her grandfather died of it, her brother was very sick with it (the worst case of small-pox I ever attended) in March, 1903, and some cousins had it a year later, and she has been with them all and never contracted the disease." (Dr. Brown.)

"Two children who had never been vaccinated I protected by Variolinum. An uncle had small-pox some two or three months after, and they were exposed but did not take the disease." (Dr. Brown.)

Of the fourteen who had small-pox after the use of Variolinum, one was a mild case of small-pox occurring two years after; three were not strictly within the limitations of the test, as they "had also been vaccinated by scarification a short time previous to the attacks of small-pox." In addition to the fourteen cases reported, there were three others, but "in each of these cases the symptoms appeared within seventy-two hours after the first dose, thereby proving that infection had occurred before the administration of the remedy."

The evident deduction to be drawn from these few cases is that the protection afforded is not absolute and without a single break, but that in exceptional instances, small-pox will occur in spite of the fact that Variolinum has been used. . .

But the same is true of the scarification method, and experience shows that small-pox occurs after scarification with much greater frequency than it occurs after the use of Variolinum. That the old vaccination often fails to protect has been the personal observation of all those who have had to do with small-pox epidemics, while the numerous deaths in the army of the Philippines, in spite of the Government's painstaking vaccination and re-vaccination of the troops, is fresh in the minds of all. The same fact is indicated in the reports of the Registrar General for England and Wales, which show for the years 1879 to 1884, a total number of deaths from small-pox among those who had been vaccinated, of 1,648 persons.

With these few words of comment I have the honor to place before the Institute the above figures of actual experience with the internal method of vaccination by the administration of Variolinum. The 2,806 cases, the 547 known exposures, and the fourteen instances of small-pox, should constitute a sufficiently extended test to satisfy all scientific requirements. Further than this, it must be remembered that the figures submitted represent the experience of only a few of the Iowa physicians using Variolinum, and constitute but a fraction of the total Iowa experience. And with striking unanimity the physicians using it have come to be strong adherents of the Variolinum method, though many began its use with decided skepticism.

My own personal experience is not included in the above reports. It seems to me so important that this inquiry be scrupulously judicial in its spirit that I omit my personal figures, so that this presentation of the matter shall have in it nothing of the bias of the advocate.*

Piqua, Ohio, May 25, 1907.

My Dear Dr. Eaton:

Your letter received, and in reply will say that as to the exact number of cases I have given Variolinum, I cannot tell, but to more than 100 cases. Have not seen or heard of a case contracting small-pox in any form since giving the prophylactic.

I went to see a case of small-pox with our health officer (a genuine case), gave Variolinum to mother and son who did not have the disease. All lived together, exposed all the time; mother and son never contracted the disease.

Three years ago had an epidemic. The first man having it came from Cincinnati, Ohio. The case was diagnosed "hives," then chicken-pox. When the eruption was coming out he went to the barber shop and was there fully an hour waiting his turn. He had fever, backache, eruption, etc. On each side of him was two of my patients. They in turn looked at him, felt the shotty eruption, etc., and both made the remark, "You have the small-pox." Sure enough the next day another M. D. pronounced it a genuine case of small-pox. I gave these men Variolinum 30x. Neither one contracted the disease. One of them was exposed the second time. More than fifteen cases were exposed after using Variolinum, and none were taken sick. Just a month ago the family washing was just being ironed, finished, when the washwoman was breaking out with small-pox, also the husband at the same time. Washing

*While this is properly an Iowa report, yet it should not for a moment be forgotten that there are a multitude of physicians all over the country who are using this method, most of whom are keen and competent observers. In illustration of this fact the following interesting letters from Dr. Fahnestock, in the East, and Dr. Bishop, in the far West, are herewith subjoined:

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stood there several days. Parties called for washing, also exposed at the same time. Took washing home. Next day house was carded small-pox. In this family I gave Variolinum 30x, had washing put in boiling water, etc. No trouble as yet, and no indications of any. I only give you a few cases and only add a mite to your own experience.

Yours truly,

J. C. Fahnestock.

Los Angeles, Cal., May 27, '07.

My Dear Dr. Eaton:

Yours of the 22d is at hand, and after carefully perusing it I am doubtful of satisfying your needs concerning my experience with Variolinum, for I never have kept tally of the exact number of cases in which it has been used by me as a prophylactic. Speaking generally, however, will say that for over a quarter of a century I have used the Variolinum in lieu of other vaccinations, in hundreds of cases, and with a single exception not one of them had an attack of small-pox afterwards. This exception was in the case of the father of an infant of two and a half years; said infant had the confluent small-pox, and had been sleeping with its mother until the fifth day of the disease, when I was called and found the disease just verging from the vesicular to the pustular stage. Furthermore, the mother was in the seventh month of pregnancy, and none of the family had ever been vaccinated. The Variolinum saved the infant, who was tabulated by the health officials as a necessarily fatal case; the mother in due time was delivered of a healthy daughter; the father alone contracted the disease, which assumed the confluent and congestive form, but was speedily cured with Variolinum. He admitted to me that he had neglected to take the powders which were left for the family (the Variolinum), and was careless in taking up the floor covering where his son had been confined; that he breathed into his lungs clouds of dust mingled with the dessicated scales that had fallen from the patient. This experience was in the epidemic of small-pox here in Los Angeles seven years ago. Before coming to California, fourteen years ago, while practicing in Connecticut for twenty-four years, I also had ample opportunity to prove the efficacy of Variolinum both as a curative and a preventive of variola without a single disappointment.

To sum up, then, the number whom I have protected by Variolinum is all who have come to me in a continuous and extensive general practice in the past thirty years, with one exception, the circumstances of which were doubtful. The number that I know to have been exposed to small-pox after taking Variolinum are the members of many households in which I have treated cases of small-pox of every degree of severity as well as others outside of the family who were exposed, including myself.

Very truly yours,

Herbert Martin Bishop.

There are a few related matters which should not be omitted. The first of these is the fact that this vaccination by Variolinum is not new. Dr. Jonathan Pettet, of Cleveland, Ohio, read a paper on the subject before this body in 1873, and Variolinum had its regular place in Hering's Guiding Symptoms, in Clark's Dictionary of Materia Medica, and (more generally accessible) in Boericke's Pocket Manual of Materia Medica.

The systemic effects produced by its administration are definite and decided in those who are at all sensitive, so that we have a multitude of provings occurring in the practice of all those who use it. As these provings have not, so far at least, been utilized in general practice, the use of Variolinum being confined to the prevention and treatment of small-pox, the present point is not so much the accurate and extended observations necessary for the creation of its materia medica, as it is the mere establishment of the fact that it does produce an active and marked effect upon the organism. This is so thoroughly established by many observations in the practice of a large number of physicians that it seems unnecessary to go into detail. Yet for the sake of scientific thoroughness, the following illustrative provings are put on record:

"On January 5, 1903, Mr. J. C., aged 52, who had been exposed, applied for some Variolinum for internal vaccination. He was given the 12x to be taken five disks before each meal and at bed-time. After taking seven doses he complained that the medicine caused nausea after each dose and that he had vomited his supper of the night before. The medicine was discontinued for two days and then resumed with same result, except that he vomited his meal after the fourth dose. The medicine was then discontinued for six days, during the last four days there being no nausea or vomiting. He was then induced to take the medicine again with a repetition of the two former experiences." (George Royal.)

"Grace L., aged 15. Was always sickly, light complexion, scrofulous build, glandular temperament. Gave Variolinum 30x for one week. Was called to see her and found her with high fever which had been preceded by chill, rapid pulse, backache, headache, malaise, loss of appetite, loose stools and restlessness. Called again next day and found an eruption very similar to chicken-pox, which had already begun to disappear. Called in one allopathist and one eclectic to confirm the action of Variolinum. Girl had had chicken-pox when a child, so it was not that. Since that time the girl has been stronger and particularly free from sickness." (Dr. Bywater.)

"Girl six years old. Good health to all appearances. Gave Variolinum 30x. At the end of five days was called to see the child. They threatened to sue me for making their child sick. Chill, temperature, 103½°; general aching, backache, headache very pronounced, loss of appetite, looseness of bowels, restlessness and vomiting. Stopped remedy and in few days all right." (Dr. Bywater.)

"Boy and girl. Gave Variolinum 30x. Chill, fever, headache, backache, general aching, loss of appetite, diarrhœa and restlessness. Eruption on boy's hand very much resembling small-pox. After

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a few days disappeared. Eruption was on the palm of the hand. Girl had similar eruption, except not so marked, on sole of one foot. Very sore." (Dr. Bywater.)

"Dentist who had no use for Homœopathy. Aged 47. Came to me because he thought he had been exposed by a patient of his own, and had heard that I gave an internal vaccination, saying that he could not possibly be off work with a sore arm, so chanced it on Homœopathy. In April, 1907, I gave a three dram vial full of sugar disks moistened with the 12x. After taking it for about four days he complained of chills, headache, aching all over, and especially in the back. He discontinued it for two days. Then began again. After three days he came to my office saying that he was so sick that if it was not for press of work he would be home in bed. All of the above mentioned symptoms were much intensified, and an indescribable sickness all over him in addition." (Dr. A. H. Barker, Brooklyn, Ia.)

At the 1904 meeting of the Institute one of our professors of materia medica very properly expressed the wish that some one who was in charge of an asylum "would demonstrate this Variolinum, say, on twenty-five, thirty or forty of the children who have not been vaccinated, and report whether there were manifested the direct results of febrile disturbances." While not aware of this suggestion, Dr. Messenger, of my own city, in the ordinary course of service at the Home for Friendless Children, administered it to forty, not for experimental, but for vaccination purposes. The 200th was used with the result that ten of the forty developed the usual symptoms, including fever and a rash.

One test of the effectiveness of internal vaccination has been suggested which is erroneous, and the error involved should be pointed out. This suggestion is that if one has used Variolinum, a subsequent scarification should fail to "take." This is a mistake, because in the majority of scarification cases the resulting infection is of a mixed type. It is the exception when the characteristic, small, pearly vaccine pustule results. Of course, a preceding use of Variolinum would have no possible relation to a mixed infection, and, therefore, any such test would necessarily be fallacious.

As to the advantages of this internal vaccination they will readily suggest themselves to all. Chief among them is the fact that by this method the septicæmias, acute and chronic, following the scarification method, are avoided altogether. How deplorable these septicæmias are is witnessed by the great efforts made by manufacturers of vaccine to contrive some way by which these mixed infections may be eliminated. One standard and reputable house advertised "antiseptic vaccine" (!), while one concern during the height of the epidemic, far out-stripped its competitors by advertising "sterilized vaccine!"

Without entering a long discussion, suffice it to say that we all recognize that the substances, whatever they may be, which set up what we know as septicæmia when taken directly into the circulation are inoperative when introduced into the stomach. This is well illustrated in the case of the septic products from an ulcerating tooth, or a discharging quinsey. They would be highly dangerous introduced into the circulation, but are harmless when finding their way, as they do, into the stomach.

In the use of Variolinum, extensive experience has shown that we reap the advantage of this provision. The essential small-pox virus makes its full impress upon the system, while any accompanying substances which might light up a septicæmia if introduced direct into the circulation, are inert in the alimentary canal.

Again, the internal method eliminates all uncertainty as to whether the vaccination will "take." For with a preparation once proved to be active, there can be no question that it will "take" whenever administered, just as there is no question that a dose of strychnine will "take" whenever it may be swallowed.

As to the number of years during which the immunity conferred by Variolinum will remain in force, nothing can be said, because there have been no experimental researches which have settled this question regarding either form of vaccination. There has, however, been a great reduction in the assumed length of time during which protection continues after scarification. Originally it was said to continue as long as there was "a good scar," a manifestly ridiculous and puerile standard. This assumed length of immunity has gradually been decreased until the United States Government revaccinates its soldiers every three years. It would seem that there would be no special difference in this respect between the scarification and the internal methods; but the whole matter is one of assumption and not of demonstrated fact.

Mention of the value of Variolinum in the treatment of small-pox itself should not be omitted, although aside from the direct purpose of this report. In the lower potencies it has proved itself a strikingly effective and satisfactory remedy.

At the risk of wearying you I have tried to present for your consideration a report of the facts about Variolinum which should be thorough and exact. A review of the facts established by experimental research has shown that an individual may be rendered immune by inoculation with the virus of disease, and that such virus is effective when administered by the mouth; it follows, therefore, that the use of Variolinum is in exact line with modern physiological and pathological research, and is scientifically correct.

Proceeding, then, to the test of actual experience, we have passed in review a series of 2,806 vaccinations with Variolinum, including 547 exposures and fourteen cases of small-pox. Shown thus by clinical test to be remarkably effective in actual practice, as well as scientifically correct in principle, the demonstration stands complete. The use of Variolinum is sound in theory and conspicuously successful in practice. It, therefore, does not ask our acceptance, it demands it. As scientific men we are not at liberty to indulge our

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whim about the matter. It is not something that asks our support. The demonstration is placed squarely before us, and a demonstration never requests, it demands. We must not do Homœopathy the injustice of giving this, one of its most successful and useful outgrowths, a partial and equivocal recognition, just because it happens to be strange to us. This splendid piece of practice is not new, it has its roots in the past, though we may not have known it. And we must not injure the cause by refusing to recognize its value, just because we happen not to have been conversant with it. We cannot afford to play with the question, and temporize with it, and half way repudiate it, until in the course of time some one of our opponents shall make a wonderful discovery, and, cultivating the small-pox virus through old horses or prolific guinea pigs, produce an uncertain and inferior product combined with some secret antiseptic to preserve it, which yet shall retain sufficient activity to make possible the announcement of another great advance, to be used for the good of humanity and the discomfort of Homœopathy.

Variolinum is distinctively our own, as distinctively as is Aconite or Lachesis or Lycopodium, and its immense value should be gladly recognized and vigorously claimed. It is a high honor to Homœopathy, and we cannot, we must not, let our individual lack of familiarity with it bar it out from its proper place. An unfamiliarity that costs Homœopathy so much, is a heavy responsibility. When so much is at stake, it is not optional with us whether we will know or remain uninformed. In such circumstances, we are under the highest obligations to know, and failure to inform ourselves is, in the words of Organon, "a crime."

Let us take to ourselves the earnest admonition which a shrewd old Sioux Indian woman impressed upon her grandson, "When you see a new trail, or a footprint that you do not know, follow it to the point of knowing."

The Colleges.

NEW YORK HOMŒOPATHIC HOSPITAL AND FLOWER HOSPITAL.

Through the generosity of Mr. Anson P. Flower and Mrs. Emma Flower Taylor, brother and daughter of the founder of the institution, the late Roswell P. Flower, two new buildings, worth $200,000, are to be added to the equipment of Flower Hospital.

Charles H. Hornby, superintendent of the hospital, says that within two or three weeks ground would be broken for the first of the buildings, which would be used as a dispensary and also living apartments for physicians and surgeons. On the top floor will be a laboratory. The structure, which is to cost $100,000, will be five stories in height and will be 40 by 90 feet, with a frontage in East Sixty-fourth street. It will be of plain brick, with little ornamentation on the outside, but in its interior appointments its heating and ventilating plants and its furnishings to insure absolute cleanliness will represent the latest advances in science.

It is expected that the building of which the architect is William A. Boring, will be completed by next January. As soon as it is available work will begin on the $100,000 nurses' home, which is the gift of Mrs. Taylor. The hospital, which is situated at the Eastern Boulevard and East Sixty-third street, near the East River, owns a tenement building, facing in East Sixty-third street, which at present is being used for a dispensary and also for various departments which cannot be sheltered in the hospital proper. The building will be torn down to make room for the nurses' home and training school, which will probably be completed within a year. With these improvements the hospital will be one of the best equipped institutions in New York.

NEW YORK STATE HOMŒOPATHIC SOCIETY.

The plans for the semi-annual meeting of the Homœopathic Medical Society of the State of New York in Brooklyn on September 24th, 25th and 26th are about complete. Each bureau is to be given an hour and twenty minutes for its report, and as each bureau is to have only three papers this will give ample time for discussion and leave the afternoon of Thursday open for a series of medical and surgical clinics at the Cumberland Street Hospital.

Plans for the public meeting of the medical society of the County of Kings, which is to celebrate its semi-centennial in connection with the meeting are about completed, and promise a meeting that will be of the greatest interest to Homœopathy in Brooklyn, and we hope elsewhere.

At the banquet tendered to the visiting guests and members of the State society on Thursday night a good program has been arranged. Members of the profession in the State of New York and elsewhere are cordially invited by their Brooklyn brethren to be on hand at this meeting, which promises to be one of the largest in the history of our State society.

A large committee of ladies has already mapped out a program for the visiting wives of the members of the State society, which promises to keep the time for the three days' session well occupied.

Herbert Dana Schenck, M. D.,
President.

The Influence of the Mind and Body.

By Dr. Paul Dubois, translated by L. B. Gallatin. 12mo., cloth, 50 cents, net; by mail, 54 cents.

This little work is one that will be read with a great deal of interest, especially by the physicians of our school who devote so much time to the mental condition of patients. It is a subject that we as a school have studied for a hundred years, and many of our remedies are applied always taking into consideration the mental conditions of the patient. We can recommend the work.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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AUGUST 1, 1907.

Editorial.

STOP—LOOK—LISTEN.

Blood Pressure—An Important Factor.

Too often the physician is satisfied with producing immediate results in his treatment of disease. This is partly due to the tendency of the age. The world is working fast, is producing quick results in its business life, and when the world gets sick it is a demand that the physician produce quick results in his effort to cure, and if he does not, well, there are others. But sometimes the quick result is not the most valuable to the patient, and what is much more important the quick result is not always the lasting result. The duty of the physician is to obtain the quickest result compatible with the ultimate safety of the patient. That may be laid down as an axiom which can be safely followed in all cases. It applies decidedly to any abnormality in the action of the heart, and as we are living in the age where haste and rush are dominating factors, we are constantly meeting with abnormal conditions due almost entirely to increased blood pressure, high arterial tension. That being so it is quite proper to discuss results of treatment, and it must be conceded that that physician is most rational who directs his efforts towards the elimination of the cause of the disorder rather than simply the removal of the effects. By so doing he will be fulfilling his highest duty toward his clients.

"Heart Disease and Blood Pressure" is the title of an article by Louis Fangeres Bishop, of New York, in the Medical Record of July 13, 1907. The author takes ocasion to sound a warning to his associates in medicine as to the necessity for "physiological re-education in the cure of cardio-vascular disease resulting from high tension." His claim is that it is not enough that we should be satisfied simply with the therapeutic modification of function produced by our remedies. This may be necessary as a temporary expedient, but it is not enough. No one can hope to effect a permanent cure by any such methods. They mean simply the almost indefinite drugging of our patients, for why hope to cure when the disease producing causes still operate? We simply rid our patients of effects existing to be followed by similar effects, the result of operating causes.

A permanent cure of hypertonia vasorum with its consequent damaging high blood pressure is certainly a possibility if proper methods of treatment are pursued. But these methods must be pursued faithfully or failure is inevitable, and nothing remains but the palliative drug treatment.

In what does this method consist? It means all treatment which will have a tendency to modify function. If the arterial tension is of nervous origin it consists in the elmination of worry or of too great concentration of interest in whatever pursuit is occupying the mind. The substitution in part of the lighter things in life for the more serious, the training of the people to be satisfied with what is reasonable in the way of success, the casting aside of responsibilities which make too great a call upon our resources, the realization of the fact that one man cannot do everything and that there will be still plenty to do after we are all dead and gone; these are some of the points to be taken into consideration.

Then, too, comes the question of what, how much, when and how often we eat. It is conceded that we eat too much. That can be demonstrated clearly of almost every person in average circumstances. Examination shows conclusively that there is an excess of food in the blood. This should be corrected. Eliminate the sweets, cut down the meat, for a time at least, withhold from these patients all tood that has contained blood.

Again, we must take into consideration the question of physical exercise. System is the keynote here, for, as the author has demonstrated, there is a decidedly close relationship "between the tone maintaining function of the brain over voluntary muscles, and a possible similar function with regard to the involuntary muscular system," and that brings us right up to the heart.

Drugs come into play to improve muscular tone of the heart and reduce hypertone of the blood vessels. But they should be carefully and intelligently prescribed by the physician—not taken by the patient ad lib.

Results may come soon, or they may be delayed, but with the continuance of treatment and persistence on the part of both physician and patient results are sure to come sooner or later. The ultimate result will be a cure and the need for palliation will be a thing of the past.

H.

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A TRAP FOR THE UNWARY.

The Eclectic Medical Journal in commenting on the methods of the American Medical Association shows that their chief aim is to get members, no matter by what means. We have frequently seen in the monthly published list of new members in the journal of the American Medical Association the names of homœopathic physicians, some of whom are more or less prominent, and the majority of whom continue to practice Homœopathy, and in many cases continue to belong to homœopathic orgainzations. How this came about we had suspected, but Editor Scudder shows it up very cleverly, and it turns out that about all one has to do is to subscribe to the journal of the A. M. A., and one at once becomes a member of the association, and is so listed, whether one be a sectarian or not. A letter was addressed to the editor of the journal of the A. M. A. and to the editor of the Ohio State Medical Journal asking direct information on this subject, with a request for answer through the pages of the journal. Naturally no reply forth came. In fact, it has been a very noticeable feature of the A. M. A. and of the secretaries of State boards or of the officers of the State affiliated bodies of the A. M. A. that it is about as difficult to get a straightforward reply to any question sent to them as it is for the proverbial camel to pass through the eye of the needle.

We have seen much direct correspondence of this kind asking whether a Homœopath or an eclectic would be admitted to membership in the A. M. A. and be permitted to continue his membership in his own school societies, and we have never seen a direct, straightforward answer to the question. It is true their blank applications distinctly say that it can't be done (or did, but these are changed or interpreted to fit the case frequently), but you can't get it in black and white from the officials. Nor can you get an answer from a State board secretary as to whether a given student will be permitted to appear for entrance or license examinations. You will be referred to a certain section and clause, which is usually so elastic that your interpretation of it may be "miles away" from the board's interpretation when it concerns the homœopathic or eclectic student.

The A. M. A. is already being criticised by the strongest journals of their school, and these are the journals that are fair to the homœopathic and eclectic physicians, and from them we can expect fair play; to them our physicians should subscribe after supporting liberally our own periodicals, and not to a periodical that places them in a false position before their brethren.

Another method pursued by the A. M. A. is to send blanks to the various colleges of the eclectic and homœopathic schools asking for a list of the graduates with their addresses. We know of two or three young men who graduated in May and who informed us at the Institute meeting in June that they had already been approached to join the A. M. A., and practically the same, subscribe for the journal. This is organization in perfection, but it seems to us that the officers of any of our colleges should be censured for delivering over to the enemy information of this kind. What has the A. M. A. to do with us? We had our own intercollegiate committees, and we have our own medical council, and to this should all our institutions refer our friends when they seek information of this or any kind about us. By supporting this committee heartily can good and lasting work be done by it. Homœopathy and homœopathic physicians should stand on their own ground, should resent interference, and should support our institutions and literature.

EDITORIAL BREVITIES.

The Bureau of Homœopathy.

We publish in this issue, with one or two exceptions reserved for future presentation, the papers read before the Bureau of Homœopathy at the recent Institute meeting. We recommend them to our readers for a careful perusal, and especially the paper of Dr. H. R. Arndt, of San Francisco, on the question of a salaried organizer for the Institute. It contains much food for serious thought. The paper of Dr. J. P. Cobb, on some of the methods of the A. M. A., is also deserving of study. In fact, all of them are high class.

Editor's Table.

GENERAL NOTES.

A $100,000 State Baptist Hospital is to be built at once in Oklahoma City, in which Homœopathy will be represented. It will probably be finished by the time of the Institute meeting.

Dr. A. L. Smethers, former house surgeon of the University Homœopathic Hospital at Ann Arbor, Michigan, has located in Anderson, South Carolina.

The Illinois and Wisconsin State Homœopathic Societies will hold a joint meeting in 1908. Two days of the meeting are to be held in Milwaukee and two in Chicago; one of the latter will be a day of clinics. We are not yet informed where these clinics will be held, probably all of the homœopathic hospitals of Chicago will be open to the members of both societies.

Dr. E. E. Lusk has removed from Newton, Iowa, to Keota.

Dr. Hensley, of Oklahoma City, writes that he reached home and in good health, and is attending to his professional duties with his usual vigor. He wishes to extend through the Medical Century his kind wishes to the many friends who were at

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Jamestown, and hopes that all will present a united front at Oklahoma City for 1908.

The title of Dr. Kinyon's article in our last issue should read Medical vs. Surgical Gynæcology.. The Medical and Surgical Clinical as it appeared was the fault of the typewrier this time, not the Century.

Dr. Arthur Hitchens, director of the antitoxin and vaccine laboratories of the H. K. Mulford Company, is in London engaged with Prof. E. A. Wright in the study of opsonins and vaccine therapy.

The Medical Century offers its condolence to Dr. Henry R. Stout, of Jacksonville, Fla., for the loss of his wife. Dr. and Mrs. Stout went to Jacksonville from Chicago in 1875, on account of Mrs. Stout's health. Her death was quite sudden, and cast a gloom over the community, for she was much beloved by all who knew her.

It is reported that the Denver Homœopathic College has become affiliated with the Westminster University. This is good news.

The officers for the Meissen Society for 1908 are: President Mrs. Joseph P. Cobb, of Chicago; Vice-Presidents, Mrs. W. E. Reily, of Fulton, Mo., and Mrs. J. Richey Horner, of Cleveland, O.; Secretary, Mrs. H. S. Weaver, of Philadelphia; Treasurer, Mrs. E. G. Tuttle, of New York.

The Surgical and Gynæcological Society elected as officers for 1908: Dr. H. F. Biggar, of Cleveland, O., President; First Vice-President, Dr. N. W. Emerson, Boston; Second Vice-President, Dr. C. E. Kahlke, of Chicago; Secretary, Dr. J. W. Hassler, of New York, and Treasurer, Dr. E. R. Gregg, of Pittsburg, Pa.

The Society of Physical Therapeutics elected the following officers for 1908: President, Dr. Rollin H. Stevens, Detroit, Mich.; First Vice-President, Dr. W. H. Dieffenbach, New York; Second Vice-President, Dr. A. E. Smith, Freeport, Ills.; Secretary, Dr. Jno. D. Boileau, Philadelphia; Treasurer, Dr. Annie S. Higbie, New York.

Dr. A. B. Norton is camping in the Yellowstone region. He is perfectly safe, as no noble red man would be attracted by his scalp.

The homœopathic members of the New York State Examining Board are Drs. W. S. Searle, of Brooklyn; F. W. Adriance, of Elmira, and F. S. Farnsworth, of Plattsburg. The eclectics have one member and the osteopaths one. The allopaths have four. The osteopath seems to hold the balance of power.

Dr. R. S. Graves, of Saco, Me., is the president of the Maine Homœopathic Medical Society for 1908; Dr. Luther A. Brown, of Portland, Recording Secretary, and Dr. Carrie E. Newton, of Brewer, Corresponding Secretary. The next meeting will be held in Portland, Tuesday, June 10, 1908.

Dr. James W. Ward will reside at the Fairmount Hotel in San Francisco, Cal., hereafter. Office, 1380 Sutter street.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, O.

The report is in and all of the graduating class has passed the examining board. Not a Pulte graduate from 1904 to date has failed before the Ohio board since the law went into effect in 1904.

We are all rejoiced in this "neck of the woods" over Copeland's election to the presidency of the Institute.

Dr. W. H. Smith and family have hiked for Brooklyn and the sea shore to escape some of the July and August torridity.

We are also glad to note that a Council on Medical Education was named to meet with the committee of the American Medical Association to see that the merits of our colleges are not under estimated. We feel here as perhaps do some others that a man can not stop off at a college between street cars, and without seeing any official or making any inquiry render an elaborate report, and proceed to grade according to the school of practice to which the college belongs. There are fair, just men in all schools of practice, and there are likewise unfair and unjust men in all schools of practice.

Pulte has her catalogue and advertising literature out for next year. and from all indications will have a larger class than for years. The college building is being overhauled and refurnished. Another large ward room provided for the hospital, the laboratories are being more thoroughly equipped, the clinical work is being greatly extended; in fact, we have our working clothes on, and when you hear a humming noise along the Ohio river you may know it is coming from Cincinnati in general and Pulte College in particular.

Dr. A. L. McCormick and wife came near being fatally injured last month in a serious street car smash-up. The doctor's buggy is to be used for kindling wood next winter, but we are glad to say the doctor and his wife have recovered from the shock and bruises.

Pulte's commencement was held in the St. Paul's Methodist church, 7th and Smith, Tuesday night, May 28th. The graduates were: M. Belle Coolidge, H. Lea Good, Paul Kerkow, E. B. Schneider, and Leroy K. Shepherd. The commencement was a splendid success. There was a large audience of cultured people, the music furnished by the Clifton School of Music was first-class, and the addresses were unusually fine.

The speaker of the evening was Rev. Cole, who proved a brilliant talker. The alumni address of Dr. Harry Blackford, of Middletown, O., was one long to be remembered. His eloquent plea for loyalty to the old Alma Mater and to Homœopathy will bear good fruit.

The very air about Pulte College is charged with enthusiasm, the faculty is astir as never before, new ideas, improvements, new workers, new censors and trustees—rejuvenation is the watchword.

Another excellent business man has been added to the Board of Trustees, Mr. J. E. Blaine, a member of the widely known firm of Globe Wernecke, and father of our Dr. Wm. McG. Blaine, of Youngstown, O.

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Several new members have been added to the faculty.

Dr. L. D. Meader has given up the chair of pathology to enter the field of business, but the college has been fortunate in securing Drs. H. F. Schell and Ida E. McCormick to succeed him.

Two of the graduates have entered on hospital duty. Dr. E. B. Schneider at Bethesda and Dr. H. L. Good at Cumberland Street, Brooklyn.

Of course, Walton went to the American Institute meeting.

Any one wanting an able impromptu speaker call on Dr. H. V. Halbert, of Chicago. He was called on at the last moment to take Dr. Siemon's place on the program at the banquet given here for the Ohio State Society, and he acquitted himself and Chicago in an able manner.

When you want a good man in a hurry to fill a program and know where to get him it is a mighty great relief to a program committee.

Dr. H. E. Beebe, as young and jovial as ever, was in Cincinnati recently, helping conduct the inquisition for recent Ohio graduates.

The new officers of the Cincinnati Homœopathic Lyceum are hustlers. They have their program for next winter about completed.

RHUS TOXICODENDRON.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

The next cerebro-spinal centric to deserve our attention is Rhus toxicodendron—the poison ivy. This drug is a member of the order Anacardiacæ, and its clinical relations with Aconite are principally confined to the treatment of rheumatic and erysipelatous forms of fever.

Of the Anacardiacæ we obtain two drugs of comparative therapeutic value, the Rhus toxicodendron and the Anacardium Orientale. Both have prominently rheumatic and dermatic symptoms, the latter always of the vesicular variety. Anacardium also has a set of symptoms centering on the alimentary tract that add to its clinical value in a direction somewhat at variance from Rhus.

Rhus toxicodendron is a polychrest of great versatility and prominence, and is indicated in a variety of affections, generally acute and painful, and often or rheumatic origin.

The prime cause of the Rhus condition is found in exposure to cold, damp weather. (Dulcamara and Rhododendron.) If such exposure occurs when overheated, the drug is all the better indicated.

The symptoms appearing from such cause are generally of a rheumatic character, affecting the fibrous tissues, principal of which are the muscular aponeuroses and tendons, and manifest themselves in aching, tearing pains with local tenderness and relief from motion. As a result of this modality the Rhus patient is constantly moving about and is invariably the subject of physical restlessness.

The drug is also indicated in low forms of fever which find one of their principal characteristics in this unremitting physical unrest. This physical condition, however, is associated with a mental torpor that is quite as important in deciding upon its selection.

The action of the drug upon the skin is also important, producing as it does an eruption characterized by the exhibition of numerous small vesicles, lying in close contact to each other. This eruption, together with the mental torpor and physical unrest, often seems to indicate it in the treatment of scarlet fever and erysipelas.

The vesicles often suppurate and become umbilicated, indicating the drug in variola. There is only one other drug that produces the umbilicated vesicle and that is Antimonium tartaricum.

Hence these two drugs are to be associated in the treatment of this disease after the eruption has appeared.

Cantharis also has a vesicular eruption, but the vesicles under this drug are large and discrete and are filled with serum, and the urinary symptoms of the drug are generally present.

Typhoid Fever.—Rhus is one of our sheet anchors in the treatment of this disease, presenting the following symptoms: Mapped tongue, or dry tongue, with triangular red tip (the latter a very characteristic symptom), watery diarrhœa, abdominal eruption, aching, tearing pains in back and limbs, relieved for a few moments by changing the position, only to return again and demand another movement, at the same time there is mental torpor and prostration.

Indeed Rhus is one of the remedies that may be indicated in the typical typhoids, the others being Gelsemium, Baptisia, Bryonia, Arsenicum and Phosphoric acid, all of which appears more fully and completely discussed under the article of Bryonia.

There is another drug, however, which, to make the picture complete, should not be forgotten and that is Taraxacum, the ordinary dandelion, which with its beautiful flower may be seen growing along the wayside throughout many pastures of the United States. This drug is so much like Rhus in typhoid conditions that I can best fix its clinical use in your minds by directing you to give it in such cases as seem to indicate Rhus, but in which that drug has disappointed you. The symptoms are mapped (or cracked) tongue, aching, tearing pains in limbs, restlessness and hepatic symptoms, with tenderness over region of liver.

The rheumatic symptoms of the drug point it out clearly, when it is indicated and it is the center of a small group, including Aconite, Bryonia, Cimicifuga, or its alkaloid, Macrotin, Arnica and Causticum, all of which is also fully set forth in the treatment of Bryonia.

The Rhus rheumatism follows exposure to cold and damp combined, and involves the fibrous tissues; the pains are tearing and aching and better from motion. These symptoms may indicate it in the acute inflammatory variety in connection with Aconite or Bryonia or in the more chronic forms with such remedies as Arnica, Causticum, Ledum, Sanguinaria or Ferrum.

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The more chronic forms of rheumatism that it will relieve often look for overstrain for cause, and the drug is very useful in the treatment of subjects who have overused the muscular system, as professional athletes, base ball players, oarsmen and bicycle racers.

The symptoms of overstrain are: Stiffness and soreness of the parts involved, accompanied by the usual modality, relief from continued motion.

The heart muscle, too, is often involved, when this condition obtains, and one of the most valuable functions of the drug is the treatment of uncomplicated hypertrophy with numbness of the left arm; a complication which may indicate also Aconite or Kalmia; Bromium and Arnica also should be associated in this condition. In the acute muscular soreness following violent exertion Arnica is often to be preferred to Rhus, especially if the trouble presents itself in the form of intense muscular soreness, as though the muscles had been beaten, with great sensitiveness to touch or contact.

La Grippe, Influenza or Colds.

The Rhus colds find in their cause and in their presenting symptoms a picture very nearly identical with the grip or influenza that has been so prevalent in the United States during the last few years.

There is the profuse coryza, congestive headache, with a feeling as though a board were strapped across the forehead, the head feels heavy and full, but the face is characteristically pale Under Rhus we have in the highest degree the terrible, tearing, aching pains in the back and limbs, and with the eruptive cases the eruption is generally of the vesicular variety indicating Rhus. The membranes of the nose and throat are sore and raw, and exhibit an œdematous tendency, watery diarrhœa and great prostration.

Gelsemium, its nearest analogue in grip, gives us a more passive patient. symptoms of great and sudden prostration, purplish congestion, full compressible pulse, vertigo, great muscular weakness, decided fever, heat, purplish congestion of the throat, with shooting pain in the ears, when swallowing.

Nux Vomica.—The attack begins with yawning and stretching, white tongue, gastric symptoms, constipation, aggravation from drinking water, chilliness on every movement.

Arsenicum.—Profuse, watery discharge from nose which corrodes the upper lip, quickly appearing symptoms of debility, irritable stomach, frequent thirst, anxiety, restlessness and inflamed eyes.

Eupatorium perfoliatum.—Fluent coryza with sneezing, break-bone pains, restlessness without relief from motion.

Mercurius.—During damp weather, aching pains, sweat without relief, sore throat, worse on the left or right side.

Bryonia.—With typhoid symptoms, tight cough, which makes the headache worse, and is accompanied by stitch pains in the chest (if a child, will cry before the cough), thirst, dry mucous membrane, aggravation from motion.

Sanguinaria.—Where the disease spends its force on the nose and throat, and there is profuse, watery coryza, dull headache, worse on right side.

These drugs are given in the order of their importance, and complete the group that is of frequent clinical use in this prevailing disease.

Dulcamara and Rhododendron.—I have said that Rhus is indicated in the affections following exposure to cold and damp. Its nearest analogues in this respect are Dulcamara and Rhododendron. Under Dulcamara you have as a result of the exposure rheumatic pains, diarrhœas and often urticaria, the pains produce stiffness of the part and are relieved somewhat by motion.

There is, however, slight congestion of the parts. These pains generally alternate with diarrhœa, the rheumatism seeming to pass off that way.

Rhododendron is characterized by an aggravation from wet, stormy weather, and it is the Rhus of the smaller points and their ligaments, better from motion; the pains of the Rhododendron are often in the periosteum, and are drawing and tearing in character.

Anacardium.—A word about this family relative of Rhus and the picture is complete. Anacardium has many of the rheumatic symptoms found under Rhus; with similar modalities it is also recommended for rheumatic pericarditis, bringing it in clinical relationship with Bryonia. The drug's principal clinical use, however, is in a form of indigestion often found in pregnant women, that is, nausea, characterized by a constant hunger, patient is better while eating, worse before and after eating, the hunger is never satisfied, there is generally as accompaniments nervous prostration and constipation.

If the student will pardon a little phonetic spelling the salient points of the drug can be fixed in his mind with an acrostic diagram.

Acrostic Results.

R—Rheumatism with "rusty muscles from getting wet when overheated."
Restlessness.
Relief from motion (opposite Bryonia), after
Rainy weather (Dulcamara, Rhododendron, Sulphur, Calcarea and Mercurius.)

H—Hard, dry, tickling, teasing cough, worse from midnight to morning.
Headache with feeling as if board were strapped across forehead.
Head heavy, face pale.

U—Uncomplicated hypertrophy (Aconite, Kalmia, Arnica).
Urticaria vesicular. Compare Arsenicum, Apis, Dulcamara, Natrum muriaticum and

S—Sensorial depression in acute conditions, accompanied by physical excitement.

T—Typhoid fever.
Tearing, aching pains with all diseases.

O—Overtaxing muscles one cause of
Organic heart disease.

C—Cerebro-spinal.
Cause, cold and damp.

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K—Kidneys congested, red sand in urine (also Lycopodium and Natrum muriaticum).
S—Stiff mornings, supple evenings, Rhus.
Supple mornings, stiff evenings, Bryonia.

The Library.

BOOK REVIEWS.

The Principles and Practice of Dermatology. Designed for Students and Practitioners.

By William Allen Pussy, A. M., M. D., Professor of Dermatology in the University of Illinois. New York and London: D. Appleton & Co., 1907.

This is a new work on diseases of the skin in which the subject is presented in a concise and practicable manner. Considerable space has been devoted to the principles of skin diseases because it is desirable to know something of this branch, in order to thoroughly understand the subject. The general treatment of disease has received much attention, and is well presented from the standpoint of the old school of medicine. We note a general tendency to break away from the idea that skin diseases are in every instance local affections, and we find in this book that many diseases that have been heretofore considered local diseases and to be treated only by external remedies, have here been mentioned as general diseases in which the internal treatment is the one to be employed. This is true progress in the practice of medicine, and applies to other diseases as well as to diseases of the skin. It is the latest and best work on the subject.

The Practic of Obstetrics.

By American Authors. Edited by Charles Jewett, M. D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one handsome octavo volume of 786 pages, with 445 engravings in black and colors and 36 full page colored plates. Cloth, $5.00, net; leather, $6.00, net; half morocco, $6.50, net. Lea Brothers & Co., New York and Philadelphia.

This is another work on Obstetrics written by American authors and published and edited by Dr. Jewett. This Book is in its third edition, and in it extensive revisions have been made, new matter and new illustrations added. A number of subjects have been wholly rewritten, also a number of important operation in the field of obstetrics have been detailed at length. The work is up-to-date, practical, and well made.

The Practitioner's Library.

The Practice of Gynæcology in Original Contributions by American Authors. Edited by J. Wesley Bovee, M. D., Professor of Gynæcology, George Washington University, Washington, D. C. Illustrated with 382 engravings and 60 full page plates. Lea Brothers & Co., Philadelphia and New York.

This work is the second of what are to be three companion volumes; the first dealing with obstetrics, which we review in this issue, and the other dealing with pædiatrics, which is yet to appear. Like the former work it is made up of contributions from American authors arranged by Dr. Bovee, and is in general appearance, excellence of arrangement and the book making part is like the volume on Obstetrics. Written, as it is, by the leading authorities of America, it is up-to-date, and it is a book that will be welcomed, we trust, by all practitioners.

The Practice of Obstetrics.

In Original Contributions by American Authors. Edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Gynæcology in the University of Michigan, Ann Arbor, Mich. Illustrated with 523 engravings and 30 full page plates. Lea Brothers & Co., Philadelphia and New York, 1907.

This new work by one of the popular professors in the University of Michigan is a collection of writings by American authors on the subject. These authors are all well known, and make the book a most practical one on the subject. Whether it will prove a useful book for the student is a question, as it has been our observation that books written by different authors are not likely to be as useful for text-books as when they are written by a single person. The work in question is beautifully illustrated, finely printed, and is one that reflects great credit on the editor, Dr. Peterson, and on the publishers, Lea Brothers. We recommend it as a useful work, and as it forms a part of what is called the Practitioner's Library, it is quite likely that it will find its proper place therein.

Physical Diagnosis With Case Examples of the Inductive Method.

By Howard S. Anders, A. M., M. D., Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia. With eighty-eight illustrations in the text and thirty-two plates. New York and London: D. Appleton & Co., 1907.

This is a concise, practical and useful work on Physical Diagnosis. It is a work that reminds us in size of some of the older works on the subject in the school, and it seems to be especially adapted to students of medicine, and it is one that will take its place, we feel quite sure, as a text-book in all of the teaching institutions of the country. It is a work decidedly in the line of diagnostic thinking rather than in the line of laboratory trend. It will tend, if carefully studied, to develop in the mind of the student that which is of far more importance, we believe, to them in the practice of medicine than are the laboratory methods, namely, the recognition of the clinical picture of disease.

International Clinics, Vol. I.

Seventeenth series, 1907. Philadelphia and London: J. B. Lippincott Co., 1907. Vol. II., Seventeenth series, 1907.

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These two volumes, the first and second of the seventeenth series of this well known quarterly, contains its usual collection of valuable articles on medicine. A valuable chapter in the first volume is devoted to the progress of medicine during 1906, and one that will repay reading.

The Essentials of Histology, Descriptive and Practical.

For the use of students. By Edward A. Shafer, F. R. S., Professor of Physiology in University College, London. New (7th) edition, revised and enlarged. Octavo, 507 pages, with 552 illustrations. Cloth, $3.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This is the seventh edition of Dr. Shafer's well known work on Histology. It has been considerably enlarged, and especially has the nervous system in this volume received special attention. This is one of the best and handiest books on the subject that have ever come to our notice. It is a book that students of medicine should have in a handy place.

International Homœopathic Medical Directory, 1907.

London Homœopathic Publishing Co., 12 Warwick Lane, E. C. Price, 2s, 6d, net.

This is the 1907 edition of the English Directory. This is very valuable as far as it goes, and tolerably complete. We note a number of errors in the list of homœopathic journals. Some are there that exist no longer, and some that have existed for many years are not found on the list. We presume that the record of the physicians in the foreign countries is tolerably exact.

NEWS NOTES FROM CLEVELAND.

Dr. James C. Wood. Cleveland.s gynæcological surgeon varies his usual holiday this year with a trip to the cold regions. He left July 23d, his first point of destination being Hamburg; thence he goes to the north coast of Scotland; then to Iceland; then to the land of the Midnight Sun Norway, and to Hamburg. He expects to be gone about two months.

Dr. Byron B. Viets has given up his Cleveland residence, having located on his Ashtabula farm, which reports say is a beautiful place. He has his usual office hours in the Arcade. Cleveland.

Dr. Wm. C. Neibling, of Findlay, Ohio, visited Cleveland last month, combining professional business with the pleasure of purchasing new furniture and fittings for his home. His friends say that the doctor is going to have the finest office in Findlay soon.

The Cleveland Homœopathic Medical Society held its last meeting prior to the usual summer interregnum on June 12th. Dr. C. A. Hall reported a case of Hodgkins's disease occurring in a child five years of age. Dr. H. D. Bishop read a paper on "The Causes of Fever During the Puerperium," Dr. G. W. Spencer discussed Pityriasis Rubra. The meeting was successful and fully attended.

A. B. Schneider, M. D., Cleveland, is spending his holiday at the home of the parents of Mrs. Schneider, Springfield, Mass.

Congratulations are due Dr. and Mrs. E. W. Crecelius on the advent, June 11th, of a baby girl at their home in Norwalk, Ohio.

Dr. Lyman G. Noble, of Cleveland, is taking his holiday on the old farm with his parents. He expects to put on enough brawn to last him through the winter.

The announcement of the Cleveland Homœopathic Medical College is just out. It shows this college very much alive and up-to-date. There are many new names on the faculty list, most of these being those of younger men who have taken the right start in their professional life. The curriculum shows a steady advance toward the goal of perfection. The officers remain the same except that Dr. Lester E. Siemon takes the registrarship, Dr. Kimmel confining his attention to the duties of treasurer.

Santonine in Chronic Cystitis.

Santonine, given in five grain doses of the 1x trituration, three times a day, soon effects a cure in chronic cystitis. There is immediately an amelioration of the most prominent symptoms, and an increase in the quantity of urine voided, the latter flowing free and easy. The sensitiveness and feeling of fulness in the bladder also speedily disappears. It is, in short, a trustworthy remedy for the above complaint.

Viscum Album.

Cases are sometimes met with by the physician in which the patient experiences a feeling of suffocation when lying on the left side. Viscum album is usually indicated, especially if the bowels and urinary organs are in a normal condition.

Sticta Pulmonaria in Influenza.

Sticta pulmonaria is useful in those forms of influenza is which there is a painful and excessive dryness of the mucous membrane of the nose, where the secretions rapidly dry up and form concretions of a scabby nature, which are difficult to dislodge. The soft palate feels like dry leather, which causes deglutition to become painful. There is also great irritation in the chest, worse at night.

Scutellaria Lateriflora in Nervous Disorders.

It is useful in chorea, which, however, must be of a purely nervous origin, there being tremulousness and twitching of the muscles in various parts of the body. It is also useful in the tremors and jactitations (nervous) met with in typhoid or enteric fever, as well as in the hysterical and spasmodic affections of women, being also of great service in thereflex nervous irritation resulting from uterine ovarian diseases. In the nervous irritation and spasms in children during dentition, or resulting from disordered bowels, it is a prime remedy. In the proving of the drug there is great uneasiness, pains of a sticky character in various parts of the body, and twitching of the muscles.

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Medical Century

A Journal of Homeopathic Medicine and Surgery.

Volume XV.
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Surgery.

A METHOD OF REPAIRING THE RELAXED VAGINAL OUTLET WITH A RUPTURED SPHINCTER.

BY STEPHEN H. KNIGHT, A. M., M. D., DETROIT, MICH.,

Professor Surgery, Detroit Homœopathic College; Surgeon and Gynæcologist, the Grace Hospital, Detroit.

The greatest difficulty encountered in securing a perfect union of a torn perineum where the tear includes the sphincter ani and is prolonged into the recto-vaginal septum, is in preventing gases and fæcal matter from the rectum, insinuating themselves into the wound from the rectal side, thereby infecting the wound. Very many of the operations done by older methods were wholly unsuccessful or only partially successful. The infection from the rectum prevented a complete union by first intention, and if any union took place at all it was unsatisfactory. The ends of the sphincter instead of uniting together, separated, and the patient failed to secure control of the bowels.

The operation I am about to describe I had never seen in any text-book until Prof. H. A. Kelley mentioned it in his latest operative gynæcology. I do not claim to be the originator of the idea; in fact, Kelly gave Dr. Warren, of Boston, credit for first suggesting the "apron," as described in this method of closure. There are two essential features of this method: First, the liberating and direct suture of the torn ends of the sphincter, and second, the turning down of a flap from the vaginal surface of the rupture, so as to do away with the introduction of any sutures from the rectal surface.

Before beginning denudation a line should be drawn with the knife across the vaginal surface from side to side, marking the limit of the denudation above and also the upper end of the flap which is to be turned down below. This line should be from a half of an inch to an inch above the limit of the old torn surface and parallel to the recto-vaginal junction. (See A-B in Fig. 1.) Near the ends of this line will be found the dimples denoting the buried ends of the sphincter. We are ready now to outline with the scalpel the area to be denuded above, following the outline of the scar tissue, but enlarging upon it in each direction. The crest of the rectocele should be lifted up and the denudation carried high up in the sulcus on each side, practically completing the old Emmet butterfly operation. When this part of the work has been satisfactorily accomplished, we turn our attention to the flap or "apron" left below. The vaginal membrane is to be split from the rectal and the vaginal portion turned down. Care must be taken

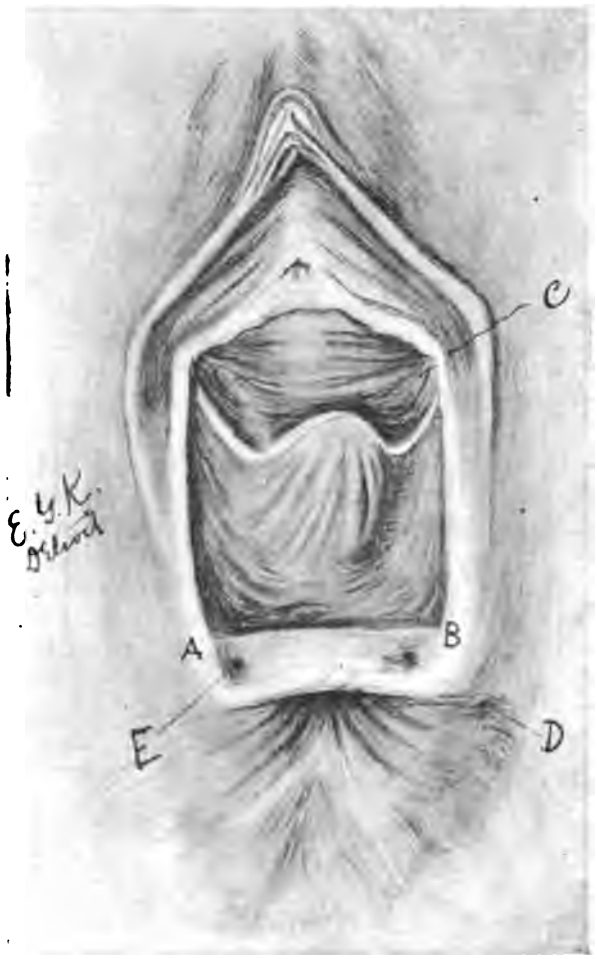

FIG. 1. A-B line of limit to denudation and upper limit of "apron." C. crest of rectocele. D-E. dimples showing ends of sphincter.

not to penetrate into the rectum nor again buttonhole or make too thin the vaginal flap. (See Fig. 2.) After this flap has been turned down we can open down to the ends of the sphincter, which must be drawn out and sewn together by interrupted, buried catgut sutures.

We are now ready to pass our sutures, and I

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usually begin in the left sulcus alongside the rectocele and introduce a No. 1 chromacized catgut

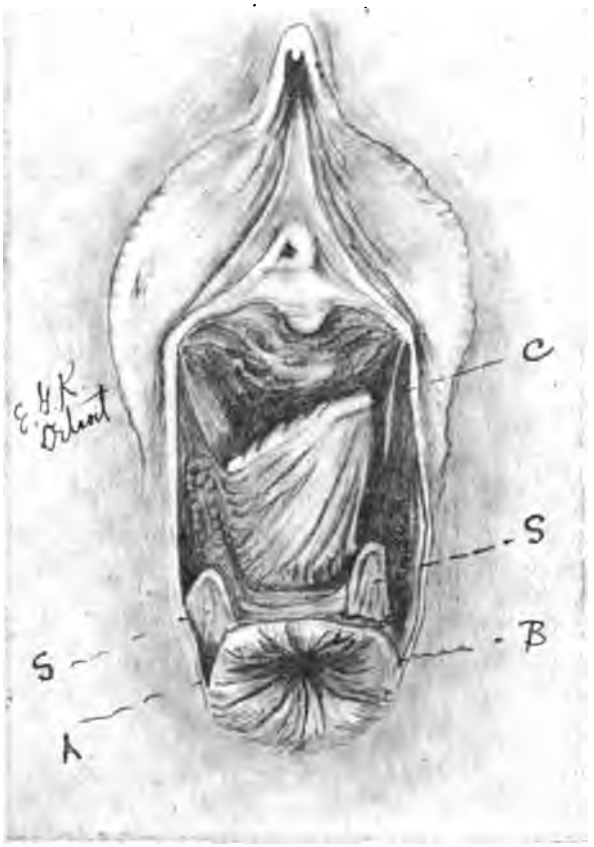

FIG. 2. A-B, apron dissected up and turned back. C, crest of rectocele. S-S, sphincter ends.

about midway up the sulcus, leaving the ends long so that traction can be made to lift up the tissues and so make it easier to introduce the stitches higher up. Sutures above and below the initial sutures complete the vaginal portion of the work, and the same process is gone through with in the sulcus on the other side. The operation is now in the stage shown in Fig. 3, ready for the perineal sutures, which should be of silk worm gut. The ends of the sphincter have already been secured together and the first deep suture should be passed through the sphincter from side to side down to the bottom of the septum. Similar sutures are passed from side to side until the whole perineum has been closed. There is now left the apron which projects like a half closed fan over the anus, and the sides of this should be sewn together with fine catgut, trimming off part of it if it seems too large. Any reasonably sized tuft left will be absorbed or subsequently it can be clipped off.

The ease with which some of the patients regained control of the functions of the sphincter was remarkable. In case 1, for instance, there was no delay, even during convalescence, almost perfect control returning. Others, in which the laceration had existed for a long time, took weeks and even months before a perfect restoration was accomplished, but in no case was there a failure of a perfect cure in the end. Every case healed also by first intention.

Case 1.—The first operation by this method I performed upon Mrs. D———, 26 years, October 29, 1900. Two years before at the birth of her first child the perineum had been ruptured through the sphincter up into the recto vaginal septum and though an immediate operation had been performed with great care, no healing followed. This patient, of course, had no control of the sphincter muscle, the rectum standing open like the mouth of a bag, and as she was a young woman, fond of society, the distress and inconvenience caused by the lesion can be imagined. The success of the operation performed was complete. The sphincter was as good as new, and in a very short time after the operation there was no trace whatever of her former disability.

Case 2.—Mrs. R———, 42 years, Detroit. The laceration in this patient, which was through the sphincter, had been done at the time of the birth of her oldest child, now about twelve years of age. She had been more or less of a recluse because of the lack of control over her sphincter. Symptoms due to the menopause had now aggravated her condition. The method detailed above was used in an operation on November 14, 1904. The union was perfect, and she has regained complete control ever since.

Case 3.—Mrs. D———, 35, Detroit. Tear ten years old and completely through sphincter. Operation as before with an equally good result. Operation January 2, 1906.

Case 4.—Mrs. B———, Romulus, Mich., 50 years of age. The laceration was of longer standing than any of the others. The tissues were very

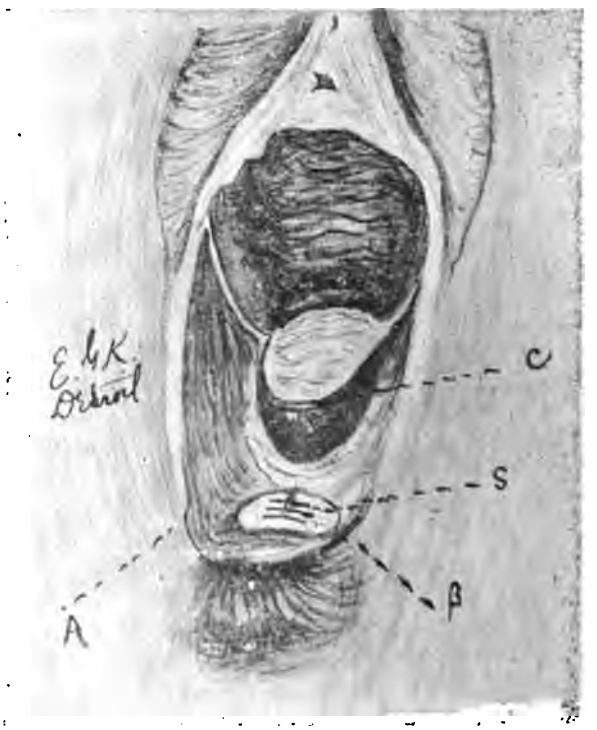

FIG. 3. A-B, apron turned back. C, crest of rectocele. S, ends of the sphincter sewn together.

relaxed, and the sphincter spread out in the shape of a cresent. The method of operation was the

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same, and equally good results were obtained, both as regards healing and restoration of function. Operation March 10, 1906.

Case 5.—P. B———, 41 years, Battle Creek, Mich. This patient's condition was exceedingly deplorable. A torn sphincter that for ten years had lost its function. A prolapsed and retroverted uterus all helped to make life hardly worth living. I remedied the retroversion by a ventral fixation and repaired the sphincter as above stated. Operation March 31, 1907. The patient has taken on a new lease of life, and is completely cured.

Case 6.—Mrs. M. McK———, Dollarville, 52. Ten children. Rupture through sphincter; no control. Apron operation as above. Complete cure. Operation January 30, 1907.

THE TRANSVERSE SKIN GRAFT ABDOMINAL INCISION NO DRESSING.—A PRELIMINARY REPORT.

BY GEORGE W. ROBERTS, PH. D., M. D., NEW YORK CITY.

About April 19, 1906, I began using a method of gaining access to the pelvic portion of the abdomen, which, having been modified as experience dictated, has resulted in a technique which has proven very satisfactory and which seems to present certain advantages over the ordinary central or perpendicular incision.

In the hope that others may become interested in this matter I desire to present to this Association a brief description of the method, and report my results up to the tenth of the present month.

Taking an ordinary pelvic operation as the type the essential features of the method are as follows: The skin having been very carefully prepared by shaving and scrubbing with the object of rendering it as nearly aseptic as possible, with a knife having a hollow ground blade and a handle so shaped as to permit cutting without awkwardness, a semi-circular incision is made beginning just within the pubic hair on each side and coming down with its convexity to the top of the symphysis pubis. In making this skin incision the knife does not stand perpendicular to the surface, but is held almost parallel with it, or, to be more accurate, it is held at such an angle that the resulting cut will raise up a so-called skin graft or flap about one-third of an inch in width before the edge of the knife reaches the subcutaneous fat. (I would estimate the angle between the skin surface and the knife blade to be about thirty (30) degrees.) The knife edge must be exceedingly keen, and the blade must be drawn across the line of incision with great care so as to make the cut even and smooth.

As soon as the fat layer is reached the incision slants upward, reaching the fascia of the external oblique some one to two inches above the superior border of the pubis, at which point the anterior sheath of the rectus is incised transversely, thus clearly exposing the perpendicular fibres of the rectus and pyramidalis throughout their entire width. The knife is now discarded and the incision completed with scissors by splitting the fibers of the external oblique parallel to their course from the ends of the transverse incision through the rectus sheath toward the angles of the skin incision and also splitting the internal oblique parallel to the course of its fibres from the ends of the rectus sheath incision directly outward toward the lateral pelvic wall. The anterior rectus sheath, the fat and skin are now lifted up largely by blunt dissection, using the knife in the central lines only, thus raising a flap composed of all structures anterior to the rectus and exposing the recti for from four to six inches of their length from the pubis toward the umbilicus. The recti are now separated and the peritoneum cut perpendicularly in the median line, using the usual precautions to avoid wounding the bladder or intestines.

The contemplated pelvic or lower abdominal operation having been completed the wound is closed by suturing together each muscular and fascial layer in its original position with fine, plain catgut, suturing the deeper fat and immediately subcutaneous cellular tissue with a continuous fine catgut suture applied so loosely as not to cause a pressure necrosis.

The skin edges themselves are approximated with scrupulous accuracy by attaching to the skin graft narrow strips of sterilized court plaster about one and a half inches in length, and while drawing down on the end of each strip quickly attaching it to the skin below. Each strip is about one-fourth inch wide, and is placed about one-fourth inch from its neighbor. This completes the dressing, and the patient returns to bed with the wound exposed to the air.

During the period indicated I have made one hundred and thirty-two (132) skin graft incisions, none of which have been protected by an aseptic or occlusive dressing. Of this number two only became infected, one (case 33) having at the time of operation very severe purulent cystitis accompanying the fibroid tumor for which the operation was performed; the other (case 69) was a clean operation, and I am unable to account for the infection.

Of this series three died as a result of operation, i. e., case No. 45, of that ensemble of symptoms which we designate as shock, the autopsy showing chronic interstitial nephritis and fatty degeneration of the heart, liver and spleen; the second fatal case was No. 51, on the eighth day after a hysterectomy for cancer, a very frail patient; no autopsy; cause of death unknown. The third, a case of sigmoido-proctectomy (No. 54), operated in Minneapolis, died of general septic peritonitis.

Of this 132 incisions seventy-four were transverse or semi-circular muscle splitting incisions through which were executed a variety of pelvic and abdominal operations, including hysterectomies for cancer and for a variety of cystic and solid tumors, many conservative operations like ovarian and tubal resections, five cases of pus tube and three cases of ectopic gestation. In many cases the appendix was removed at the same time and it was

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examined as was the gall bladder in practically all clean cases.

This report is presented as a preliminary report, but as it covers considerably over a hundred cases, and as some of them have been under observation for over a year, perhaps I may be pardoned for offering the following tentative conclusions:

The central incision in the lower abdominal wall is anatomically very imperfect, and the arrangement of muscles is such as to place greater strain upon the wound in this position than upon any other portion of the wall, not only during the healing process but forever afterward.

The transverse semi-circular incision is executed with greater difficulty than the straight central incision, and is less capable of extension, but it gives an opening of from four to six inches in length, which provides easy access to the lower half of the abdomen and the pelvis.

For the prevention of ventral hernia it is as superior to the central incision as is the McBurney incision to the old-fashioned direct incision for reaching the appendix.

It permits the use of a smaller sized catgut, and, therefore, tends less toward infection (our result being one case in sixty-six.)

Having purposely allowed patients to vomit during the operation, we are positive that even with the finest catgut the wound will not give way.

The incision is, in most cases, entirely hidden in the pubic hair, and when examined one year later is practically imperceptible.

The skin graft incision is more or less difficult to execute, and requires a special knife, but its advantages are that it requires no skin suture and no dressing, and that the resulting scar bids fair to be practically nil.

Thorough ventilation of the wound is necessary, and if this is provided healing by primary union is the result. [Am. Inst.]

APPENDICITIS RECONSIDERED.

May We Dispense With Drainage in Perforated and Purulent Cases.

BY T. L. MACDONALD, M. D., WASHINGTON, D. C.

I was present at a medical meeting not long ago, when the subject of appendicitis was touched upon. The speaker was interrupted by one of the members, who said he hoped this subject would not be discussed, that it has been exhausted, and asked, "What ground is there for it?" Quick as a flash the answer came solemnly back from the first speaker, "The ground which covers the countless corpses operated on too late or not at all." Although this is a surgical subject, the medical man first sees, diagnoses and sends to the surgeon four-fifths of the cases. He, therefore, cannot dodge the subject, he must study it with us.

Diagnosis.

Even the latest text-books do not impress upon the reader the fact that appendicitis, gangrene, perforation, pus and peritonitis may occur in rapidly fatal sequence, without elevation of temperature. I am one of the humble toilers on the Medical Examining Board of Washington, and no student has ever yet appeared before me who was not full of the notion that dangerous infective and inflammatory changes within the abdomen, were accompanied by striking and impressive external manifestations, especially in pulse and temperature. I have been for years impressed with the idea that too much has been said about high temperature with these cases. Personally, I have never seen it. We have much yet to learn about the peritoneum. Every year I am less and less influenced by the gastric, febrile and circulatory symptoms, and am firmly convinced that it is safer to depend upon the abdominal signs and sensations. Let me illustrate with a case which shows the maximum damage with the minimum manifestations.

Boy, aged seventeen, walked into the hospital with pulse 76, and temperature normal; no nausea or pain, but tenderness and tumefaction in appendicular region. Immediate operation revealed free pus, gangrenous appendicitis, perforated and advanced peritonitis, and many omental and intestinal adhesions. The appendix was removed, the abdomen cleaned with dioxygen, freely flushed with salt solution, and drainage employed. Uneventful recovery.

On the other hand, we cannot always rely upon the abdominal signs alone. In rare instances the case will be so spoiled that neither pain, tenderness or rigidity can be elicited, as will be shown by the following: Splendidly developed young man, æt. 25, with history of very painful attack of what was called "acute indigestion," followed by what appeared to be bowel obstruction. The onset was so extremely painful that the attendant used hypodermic injections of morphine. When brought to the hospital his pulse and temperature were normal, there was some nausea and vomiting, otherwise he complained of nothing except being tired. His facial expression was rather bad. The abdomen was very tympanitic and distended. It was impossible to elicit either tenderness, pain, tumefaction or muscular rigidity, but percussion disclosed dullness above and around the bladder. This persisted after the catheter was passed. Bowel evacuations were provoked with high enemata, operation urged and performed. This was the fourth day. The incision revealed a most disheartening state. Several pints of fetid, flaky pus poured out, accounting for the dullness around the bladder. Yards of the small intestines, beginning at the cœcum, were dark and gradually fading in an upward direction, where several yards more were dotted with narcotic spots. The small intestine was incised in two places, to allow the escape of gas and fæces. This afforded sufficient room for an examination of the cœcal region, to which point the omentum was traced and found adherent. The appendix was gangrenous throughout and perforated. The usual flushing with gallons of salt water, free drainage and elevated position were employed. As would naturally be expected, he died in thirty-six hours.

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In the beginning the ailment must have been clear and classical, but by the third or fourth day after intestinal sensation was abolished, the label was blurred.

Now here is a significant fact. A colleague, a member of our hospital staff, assisted me for several years in abdominal work. During this time, and subsequent thereto, he frequently found cases of appendicitis for operation. I asked him if he had ever found any of his patients suffering from this disorder prior to his experience in abdominal surgery. He answered that he had not, and he had been in practice fifteen years. After looking into the abdomen, and viewing the havoc so frequently to be seen there, he was able to fit the external manifestations to the internal conditions. He had been treating the same conditions previously, but never recognized them. As a result of his experience in the operating room 100 per cent. of the cases he has referred for operation have been saved.

Palpation of the Appendix.

I can imagine an inflamed, enlarged, tense and erect appendix which it might be possible to feel, if it were not for the fact that nature keeps the overlying muscles so rigid that they cannot be depressed, and certain it is that any man who can and will palpate such an appendix has more skill than caution, because such efforts are not only extremely painful to the patient, but may rupture the papendix. Such instances are recorded. Now in the face of the fact that so many claim that they can and do palpate the appendix, you may wonder why I am ready to confess that I cannot. Because the pleasure of being honest is greater than the pain of having you think me less skilled than my fellows. I'd rather be a drunken freeman than a slave and sober. I am tolerably familiar with the disease, and have the average powers of palpation, but I have never knowingly palpated a tumorless appendix, and I don't believe the others have, but I believe they believe they do. For when they hear this and that writer and speaker tell how easily the appendix can be palpated, the belief becomes infectious. To me one of the marvels of medicine is the readiness with which such baseless claims are accepted. And as to knowingly palpating a quarter inch appendix through an inch and a quarter abdominal wall, with intervening folds and coils of intestines, containing fat, fæces and flatus, why you might as well say you palpate the pituitary body with the finger in the pharynx. I am well aware that it is human nature to desire confirmation of preconceived views, and that I may be opposing beliefs held by some of those present, if so, all the better; we are likely to have a good discussion—cold facts provoke hot arguments. I think no less of a man who doubts my beliefs. A reasonable doubt is evidence of a faculty doing its own work, and that's what I long to see. I shall be happier when the members of our profession do more independent thinking for themselves.

Some of you, at least, have heard of that Shakespeare of palpation who examined the abdomen before a class, announced appendicitis, the appendix pointing southeast, with clubbed tip, thin adhesions and a small cancer near the base. The incision showed that none of these conditions—except appendicitis—existed, and this was sufficient. Such a man is like a clock that strikes the minutes. He scatters his skill. It were better to concentrate it in determining what lesions exist, whether to operate, then how, then when. This will keep him busy. I once saw a man manipulating the broken arm of a child for nearly an hour, in his eagerness to elicit crepitus and to be precise.

The claim that all these fine points can be determined before operation is really humorous, when every honest man among us, who has had an extended experience in abdominal surgery, will admit that occasionally he is puzzled to find the appendix, even after the abdomen has been freely opened to hand and eye. Let him who is not guilty, rise. The atmosphere reeks with corroboration. It is said that the more a man knows about a subject the easier it is for him to keep quiet.

Here it would be perfectly proper to ask what effect does Macdonald's inability to palpate the appendix have upon his operative results? The best way to answer that question is to refer to my records—reviewed before I received this invitation—which show that in a recent unreported and unselected series of one hundred operated cases—twenty-five of which were pus cases—there were two deaths. And these two fatal cases might just as well have been classed with the ninety-eight recoveries if they had only been operated on earlier.

One was operated on the eighth, the other the fourth day, both being hopelessly septic. Most of these were operated on in the hospital, where they are admitted during the mildest or severest grades.

NOTE.—Lest some might think I removed normal appendices, and shirked critical cases, let me report the following:

Mrs. ———, æt. 34, pregnant four and one-half months, admitted suffering with acute appendicitis. As the attack was subsiding, we treated her expectantly till all sensitiveness disappeared, and then dismissed her. Two months and a half she returned, suffering with another extremely severe attack. In the meantime there was an offensive uterine discharge, due to a confessed criminal operation. Certainly operation for the appendicitis was mandatory, and although I regarded the child as dead, and the uterine contents infected, it seemed to me hazardous to empty the uterus in the usual way, and run the risk attending the loss of blood, the traumatism, and, perhaps, the spread of the pre-existent infection—all of which must be added to the operation for appendicitis; so we operated by the abdominal route, removed the inflamed, angry appendix, which was about to rupture. Then the child was removed by the typical Cæsarean section. The patient's recovery was febrile, eventless, presenting by far fewer symptoms than are frequently manifested after delivery by the vaginal route. I might digress here, to say that in the history of the hospital there had never been a Cæsarean section till this date, and then we had two in one week.

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Operative Treatment.

For years there has been continual scolding because the surgical aspects of the case were not recognized early enough. When the surgeon's results are bad, he grumbles at the physician for not advising the operation earlier, and conversely, when the results are good, he should give the physicians credit for it. This is but fair, for the improvement is due, I think, not so much to improvement in technique, as to the fact that the physicians recognize the lesion and the necessity for operation before it is too late, Murphy, of Chicago, well says: "That the surgeon who has more than three or four deaths in a hundred operative cases is either receiving his patients from incompetent and procrastinating physicians, or else he is doing too much manipulating in the peritoneal cavity, under unfavorable circumstanes." I think that the physicians in general are alive to the necessity of early operation; it only remains for us to quarrel with the tardy individual from time to time. I know that conscientious and studious physicians often worry over the question whether to advise operation or not. There ought to be one rule as simple as possible for acute cases. Such a rule as this would be easily remembered, and save many lives. If the attack does not show evidences of ameliorating within fifteen to twenty-four hours, advise operation. But even this will be occasionally too late; but if so you cannot be blamed very much, for one thing is certain, that such a case would have been equally fatal if you had waited longer.

I am quite well aware that many patients recover from the acute attacks, and that in rare instances the attacks cease to recur; but you should keep in mind that recurrences were the rule in 80 per cent. of the cases in series of 1,000 which were analyzed, and that 38 per cent. contained the deadly fœcal concretions, and that thus far the brain of man has never formulated a plan; never in dream or fancy generated a conception of a method by which we may determine the time when an appendix will rupture. The surprise exhibited by the good family physician when the abdomen is opened, disclosing gangrene, perforation and pus, in what appears to be a comparatively early and mild case, shows that he did not have an intelligent grasp of the situation. That man was too unsuspecting. I believe with the writer who said that the physician should frankly tell the faimly or the patient the treacherous nature of the disease, and that no one can tell what an inflamed appendix will do. Then if the patient decides to take his chances without an operation, he, not the physician, is responsible; and when this custom becomes established, we will cease to hear the familiar reproach: "Why didn't the doctor advise operating before it was too late?" Nothing so safeguards the doctor's reputation as intelligent honesty. Now if we had frequent losses among the early operations and in non-septic cases there might be just cause for hesitating about operation, but since practically all operative fatalities are found among the pus cases and those operated too late, charging the surgeons with operative itch is unjust.

In regard to operative methods I endeavor to get in and get out quickly, and expose and handle the intestines as little as possible, and yet in more than 98 per cent. of the cases I get the appendix; for early in my experience in the operative treatment of appendicitis I found that suppurative attacks were wont to follow if the appendix were not removed during the first operation. If there is too much difficulty or danger in its removal during the primary operation, it is a good plan to clear out the pus, and afterwards reopen the abdomen, and remove the appendix. Im aware that there are times when it is folly to run the risk of breaking through the protective adhesions in search for the appendix, but I have sometimes fancied that perhaps we were slightly lax in this particular, for we dissect with freedom and thoroughness in removing pus tubes; and I am satisfied that we may sometimes apply the same principles to appendectomies, although I do not forget that we are taught that the appendicular pus is much more virulent than that of the fallopian tubes; but I am satisfied that there are instances when this is not true.

What we fear more than all else in the septic cases is intestinal paresis. And to obviate this as much as possible I have the nurses knead the bowels every three hours, and four to eight times in twenty-four hours, and sometimes oftener, the patient is changed from one position to another. Although I note that one authority says:' 'In desperate cases the position may be changed even during the first twenty-four hours." I need not dwell upon the importance of the intestinal motion in order to prevent agglutination, and the change of position and kneading the bowels is for this purpose. In two hopeless cases I had a stream of oxygen flow into the abdomen among the intestines, through one large drainage tube, and out through another, much as one would use irrigation. Both cases were foul, and I employed the oxygen with a thought that it might inhibit further decomposition, also that the oxygen might be helpful to the blood by being absorbed through the peritoneum. I also leave normal salt solution in the abdominal cavity in all cases irrigated; employ lavage of the stomach while the operation is being completed, and water is given whenever the patient complains of thirst, and my rule is to move the bowels in forty-eight hours.

Drainage.

This subject of drainage has interested me deeply, and to aid in studying it, Dr. Silvers kindly conducted some experiments on dogs for me. And these confirm my belief in the inefficiency of abdominal drainage, and that we often drain when it is not necessary. A few weeks ago I saw a noted London surgeon remove the uterus, tubes and ovaries, none of which had suppurated, and introduce drains because there was "recent inflammation." And this man is busy writing books for us to study. I can understand the necessity for drainage in the case of a leaky bladder, or a doubtfully sutured gall bladder or ducts, or where there are several pus pockets. On the other hand we dissect out foul pus tubes, many of which rupture during the operation, and yet we commonly close the abdomen without

drains. I always close the abdomen in such cases. Of course, I expect to be again told that tubal pus is not so deadly as that from the appendix. My answer to that statement is that it is sometimes true and sometimes it isn't. Because the colon bacillus and its products are occasionally found in the suppurating fallopian tube, as well as in the appendix; and why not, when it has been found in the knee joint, and as the exciting organism in the antrum of Highmore. Another thing to recall is the fact that we very frequently operate for a perforated and suppurating appendix; we remove the pus-producing organ, the abdomen is cleansed, drains are introduced, but not another drop of pus is ever seen. I'll warrant that many a thoughtful surgeon has asked himself if that drain were not introduced unnecessarily. How do we know that we do not drain away the very material with which nature fights bacterial infection within the abdomen? I believe the peritoneal wave is upward toward the diaphragm, and it is possible that the progress of this stream is retarded by the ordinary drain which permits the egress of the serum through the abdominal wound.

Of course, I know that much depends upon the sterility or virility of the pus, and the resisting, absorbative and eliminative powers of the patient. But we may properly ask if the introduction of drains diminishes the virulence of the infection, or does it stimulate absorption or systemic elimination. I think not.

But aside from these doubts you might ask, "What is the objection to drainage?" This is answered by the statement that in one series of eighty-six cases of post-operative intestinal obstruction eighty-one were in pus cases which had been drained. For years we have been doing this simply because it was and is the teaching. One thing is certain, that as operative drainage decreases, so will post-operative intestinal obstruction.

With these thoughts in my mind and beginning without precedent, I have operated ten cases, of which one citation will serve as an example.

Boy, æt. 11, history of repeated attacks, but had been comparatively free from pain for six months, and was reported cured by Bryonia. While at school, playing, he suddenly experienced violent abdominal pain, and was carried home. In four hours and twenty minutes from the onset of the first pain I opened the abdomen. The incision of the peritoneum was followed by the free escape of pus. The appendix was acutely inflamed, the distal half gangrenous and perforated. It was removed quickly, the abdomen cleansed with dioxygen, followed by free flushing with salt water, and the abdomen and wound closed without drainage, and the patient placed in bed, in twenty minutes. Uneventful recovery and in perfect health ever since.

Of course, it would be folly to close the abdomen unless the operator were satisfied that there were no pus pockets remaining, and that no structures other than the extirpated appendix were suppurating.

I am far from advising the omission of drains in every purulent case, but at least I have shown that it is unnecessary in some cases, and since some can be saved without it, how do we know that others could not, or that those who recover with drainage, do so in spite of it, rather than because of it?

PROSTATIC HYPERTROPHY.

BY HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

As we all know, this pathological condition develops usually after the age of fifty-five, though it may be found earlier in life.

The gland consists chiefly of the two lateral lobes connected both in front and behind the urethra, which passes through the gland from base to apex, a little in front of its middle, though the exact position varies. The smaller median lobe is situated above the lateral lobes.

The capsule of the gland consists of muscular and some fibrous tissue, separated with difficulty from the gland, outside this is a fibrous sheath which contains a plexus of veins.

The organ is made up of stroma and glandular elements in varying proportions, from one-third to five-sixths being glandular, the proportion varying with the age, function and calls of nature, upon the activity of the gland.

Pathologically, the gland may be greatly enlarged and soft, or small, contracted and hard, or even a combination of the two; the enlargement varying in form as one or the other or both lateral lobes become hypertrophied, or whether all three lobes are involved, or whether the median lobe is alone affected. The surface of the enlarged gland being often nodular from the hypertrophic condition, affecting only certain few of the many lobules of which it is composed.

From this it can be understood how the urethra must be distorted in many or all directions, and also the base of the bladder made to bulge, hence the obstruction to the free flow of urine and the great trouble oftentimes in introducing the catheter for relief of the retained urine.

The size of the gland varies from normal, 200 to 300 grains, to several ounces. The largest that I have ever seen was the first that I removed, which weighed five and a half ounces, whereas, an atrophic prostate may not exceed the normal weight of 200 grains.

Microscopical examination of the hypertrophied gland shows it to consist chiefly of an increased amount of glandular tissue. All degrees of change from normal structure to the formation of cysts and large adenomatous masses being observed.

By many writers it is believed that the enlargement of the organ is a glandular overgrowth, distorted and increased by the degenerative changes of old age in an actively functionating gland, and probably a previous gonorrhœal infection or other inflammatory process may and does influence the progress of the disease, but that gonorrhœa is alone at fault cannot be because many cases of prostatism

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exist in patients who have never been afflicted with that disease. However, it is believed that excessive indulgence in sexual relations, the practice of withdrawal before ejaculation, alcoholic excesses, horseback riding, bicycle riding, sedentary habits long continued, constipation and climatic exposure may all be contributing factors.

On the contrary, one writer claims that the hypertrophy of the prostate is due to gonorrhœal infection, because of the frequency of gonorrhœa; the frequency of its involvement of the posterior urethra and prostate and the frequency of cystitis, and further, by analogy; that the only animal that suffers from enlarged prostate is the dog, and the dog seems to be the only animal which suffers from a purulent urethritis which is infectious.

In considering the matter of treatment of this affection we are met by the question, "What position does the catheter occupy in the treatment of prostate hypertrophy?"

Oftentimes we are consulted by men whose symptoms of urinary retention have been developed slowly and insiduously, and they are old, infirm and very bad surgical risks. In such cases we must recommend the use of the catheter because operative interference is too dangerous.

Again, when obstruction has developed rapidly and the patient is wilful, childish and careless of personal cleanliness, where for him to use the catheter would be to invite certain infection of the bladder and kidneys, an operation is just as imperative. I have known of cases where the patient has had a catheter life of ten, twelve and even sixteen years without infection of the bladder. Where, under careful instruction and from habits of personal cleanliness, bladder affection is avoided, and the bladder has become accustomed to the irritation of the catheter, in such cases an operation is not necessary, and I believe such palliation should be continued, but when such comfortable palliation is no longer possible then an operation is imperative even though the risk be great.

Again, in cases of over-distended bladder, where the bladder wall has lost its contractility, what would be called an atonic bladder, such cases are not benefited by operation unless the bladder be infected, and as a result of the better drainage such infection can be relieved.

A case of prostatic hypertrophy has to face two alternatives, when obstruction with residual urine has developed and they are, infection of the bladder and consequently of the kidneys by extension of the infection up the ureters, which will come sooner or later, or a formidable operation with a five per cent. death rate, and it is in consequence somewhat difficult to decide which course to pursue.

We may have a prostatism or obstruction to the flow of urine due to a fibroid stenosis of the neck of the bladder, a so-called contracture of the neck of the bladder, which is fibrous infiltration, inflammatory in character. More frequently of gonorrhœal origin it may occur in the young as well as in the aged, and where this condition exists it is best relieved by the Bottini operation with the galvanocautery.

In the radical as opposed to palliative treatment of prostatic hypertrophy we have the choice of two routes for the enucleation of the overgrown gland, the suprapubic and the perineal, and each has its champions. I have always made use of the perineal route with good success, and consequently favor it, but in weak and debilitated, serious cases the suprapubic route with the operation done in two stages, first a drainage and subsequently an enucleation of the gland through the same incision, would appear to me to be, perhaps, the most favorable.

The perineal route, to my mind, is more favorable for drainage in cases with a septic bladder. Some writers advise that the anæsthetic be nitrous oxide gas, and have no trouble in keeping the patient under as long as may be needed. The use of this anæsthetic being much safer. The more recent writers advise the removal of the drainage tubes in two or three days whether they be suprapubic or perineal, and to allow the patient to sit up immediately thereafter if strong enough. Constant irrigation in the beginning, later the drinking of much water and a good, liberal diet; in fact, a rational after-treatment is to be urged.

In prostatic hypertrophy stone in the bladder is a frequent complication, and should always be searched for. In large prostates during the removal of the gland, whatever the route, more or less injury to the floor of the bladder and its sphincter, together with injury to or partial destruction of the prostatic portion of the urethra will result in a subsequent, more or less complete, loss of control of the urine, an incontinence, in fact, which, however, generally impresses as time goes on. From the injury to the seminal ducts where they enter the prostatic urethra there is oftentimes complete loss of sexual power.

In the operation through the perineum there is great danger of wounding the rectum, and where much gauze packing is used in the wound the pressure upon the rectal wall may result in a rectal fistula later on, and great care must be used in consequence to avoid such pressure.

In operating through the perineum for the removal of the prostate, I prefer the long, full curved incision, as it gives so much more room for work and allows better inspection of the operative field during the successive stages of the operation, in all of which I endeavor to follow the general directions as laid down by Young, of Baltimore, and Pilcher, of New York, and am of the opinion from my own experience and my reading that the results in almost all cases are highly satisfactory, and offer the victims of prostatism who are, or soon will be, slaves to the catheter, a reasonably certain means of relief.

In my mind the possibilities of sexual impotence and partial or even complete incontinence of urine are not to be compared to the awful agony, distress and discomfort due to an infected bladder, the annoyances caused by offensive residual urine and the bugaboo of catheter life.

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OPSONINS IN SURGERY.

BY DEAN T. SMITH, M. D., ANN ARBOR, MICH.

Dr. Packard has asked me to "prepare a paper. a paper covering the progress of surgery and gynæcology for the past year." I am sure you and he will excuse me if I only partially comply with his request. Most of the various phases of surgery and gynæcology are well covered by the excellent program provided by our secretary. There is one subject that, judging from the topics in our printed list, is not to be discussed in any paper provided for. To this subject I will limit my paper, namely, Opsonins in Surgery.

I will review briefly the theories on which the opsonic treatment depends that we may have a working basis for our discussion. These theories depend on two facts: First, the leucocytes, under favorable conditions, will destroy many of the various forms of pathogenic bacteria (phagocytosis). Second, the power to destroy these bacteria depends on a quality of or substance in the blood that so acts upon them they may become the victims of the phagocytes. When a few drops of blood serum from a normal individual is mixed with a culture of bacteria and properly treated, the leucocytes will take up and destroy a certain number of the germs. This number varies with the different bacteria, but for each species is found to be nearly constant for all healthy individuals. This number gives the opsonic index or the average for the supposed healthy individual. When the leucocytes fail to take up the number for a certain kind of bacteria, the index is low for this species. The index is often found to be low when a patient is suffering with a bacterial disease, especially of a local or subacute character. If his index can be brought up to normal or above, the bacteria are soon destroyed and the disease manifestations disappear. It is found that injections of preparations of cultures of the bacteria that are causing the disease symptoms will raise the index. The material used is called a vaccine, and each species of bacteria has its own vaccine. The bacteria are killed in its preparation. To illustrate, it is often found that the opsonic index is low for the germ, the staphylococcus aureus, when a person is suffering from boils. An injection of staphylococcus vaccine will raise the index and cause the boils to vanish. The same is held to be true for other bacterial diseases. So much for the definitions. Now a few words as to the relation of opsonins to Homœopathy.

To Sir A. E. Wright, of England, is due the promulgation of this theory in its present form. I say in its present form, because I regard Wright's deductions but the old homœopathic idea expressed in modern laboratory terms. We have always held that back of the pneumonia, of the tuberculosis or other infectious disease there is in the organism a lowered vitality or resistance, a psora, some lack in the individual without which the specific bacterial disease could not develop. Wright is showing us just where this lack, this lowered resistance is, what it is and how to measure it. More than that, he is showing us one way to treat it, and apparently to treat it successfully. In the application of the remedy Wright is like us. We have always contended that the symptoms that diagnose the disease are not the most important in selecting the remedy, but the peculiar characteristic symptoms, those that indicate the dyscrasia back of the disease Wright does not note the degree of fever, character of cough, or physical symptoms of the lungs. He finds the germ that is acting, determines its index (the patient's dyscrasia), and makes this the basis for treatment.

In the selection of the remedy Wright keeps very close to the homœopathic principle. First, as to the size of the dose, he says: "For myself I am day by day more impressed with the fact that the machinery of immunization can be brought into action by very small stimuli, and that it can very easily be overtaxed. In accordance with these facts I regard it a matter of great moment, especially in connection with immunization against tubercle, to employ in every case the smallest doses which will elicit a satisfactory response; to repeat the dose only when the effect of the preceding inoculation is passing off, and to increase the dose only when it becomes clear that the dose previously employed is ceasing to evoke a sufficient immunizing response. Acting in accordance with this principle I now begin with a quantum of tuberculin corresponding to not more than 1,-10000th miliigramme of the tubercle powder, and now never advance to doses larger than 1-6000th milligramme." The dose given according to Koch's method is sometimes 10 milligrammes.

I believe the homœopathic remedy acts the same as Wright's vaccines. It is a recognized fact that in most bacterial diseases the toxins, not the bacteria, produce the disturbed function. Wright makes use of these toxins in his vaccines and applies them in the treatment of disease, for the relief of the symptoms that are caused by the same kind or identical poisons. It is to me a reasonable proposition that two poisons that produce similar symptoms do so by acting on the same cells in the same way. If one of these poisons introduced into the system "at suitable intervals and in suitable quantities" will develop an immunizing agent, an opsonin or an antitoxin, why not the other? to the extent that it acts exactly similar. To me, if we do not split hairs on our definitions, the opsonic theory is but a corollary of Homœopathy, or Homœopathy but a corollary of the opsonic theory, the crux of the matter being the degree of the similitude of the drug, "the suitable dose and the suitable interval."

I consider the opsonic theories and methods a scientific application of the homœopathic principles. Hence I can accept, to a large extent, the results claimed by those who have used them, and without hesitation present these results to you for your consideration.

If bacteria could be eliminated as afactor in disease, it would greatly circumscribe the surgeon's field of labor and would markedly lessen the anxiety incident to the care of what remained. It is not to

be expected that we will be able to eliminate the bacteria, but I think we have reason to hope that in the use of the vaccines we will have a means of curing some bacterial disease that we now regard as only operative; that we will be able to ascertain the degree of resistance of subject of surgery, and so determine in many cases much more accurately than we can present methods whether the operation is safe or advisable; that we will be able to diagnose some obscure conditions, and will be able to shorten the convalescence in some slow, indolent, infective cases.

We welcome any measure that promises valuable assistance in the treatment of tuberculosis and cancer. The opsonic treatment of cancer, while showing good results in some inoperable cases, has not been attended by as much success as the treatment of decidedly bacterial diseases.

The micrococcus neoformens, described by Doyen in 1886, has been found in so large a per cent. of cancers that it seems probable that it has some relation to the cause or growth of the neoplasm. Acting upon this supposition, Jacobs and Gleets have prepared a vaccine that seems to have some specific influence on the cancer growth. According to a report in the Lancet, April, 1906, they have treated forty-six cases. Seven of these they claimed were cured, twelve were benefited, the improvement persisting; seven showed temporary relief, in eleven there was no result. The remaining nine were still under treatment. The method of treatment has been used by other surgeons, but their reports are not usually so favorable as these.

Mr. A. E. Neatby reports twelve in the Hahnemannian Monthly for January, 1907. His result presents what, it seems to me, may be reasonably expected from this method of treatment. The detailed description of his patients tallies with his general statement: "It is always noteworthy that the early cases of a hopeless disease which come for treatment by any new remedy are the refuse of other clinics and practitioners." Three of his cases died. All these were for extensive recurrence after operation. "Two discontinued treatment because they were inaccessible, two others because it did not appear to be doing any good." Three were checked in their growth, and the patient's general condition improved. Two were under treatment without notable benefit. When it is remembered that all these cases were recurring or inoperable, the fact that in three of the twelve the extention of the disease was checked or general symptoms markedly alleviated is not a bad showing. He makes this deduction: "Whenever operation is possible I advise that treatment as a preliminary. It is quite conceivable that the protective powers of the blood might become equal to preventing a recurrence or controlling a slight growth, and yet be unequal to the absorption of a gross mass of diseased tissue."

The surgical treatment of local tuberculosis has to its credit a large percentage of excellent cures. But it also has some protracted cases and some miserable failures. As said before, we welcome any measure that will give us better results and simpler treatment. Koch's new tuberculin is used as the vaccine for the tubercle bacillus. The results seem to be quite uniform and positively beneficial in local or surgical tuberculosis. The doses used are small, and Wright uses even smaller amounts than most of his followers. In the Lancet for December, 1906, Wright gives extended discussion of his work, and reports results of treatment of lupus, deep ulcerations of the soft tissues and bones, tubercular glands and tuberculosis of the genito-urinary organs. Of the cases of lupus he reported only one as cured, but all the others were greatly benefited. He had treated seven cases of deep ulceration and bone tuberculosis. These were of the worst type, most of them having gone through extensive treatment by tuberculin, X-ray, Finsen light or surgery. In every case the results of his treatment were most gratifying. The ulcers and sinuses healed up after a few weeks' to a few months' treatment. The improvement in the general health was fully as gratifying as that in the local conditions. In regard to the lymph glands, he says: "In view of the uinformly successful results which are in my experience obtained by inoculation in connection with tubercular glands, it will suffice to recite by way of example only the following five cases." Of these five cases four were for recurrence after removal. All of these cases were apparently cured. He also reports five cases of genito-urinary tuberculosis that showed improvement if not cures. In the December 2, 1906, Lancet, Dr. W. Bullock reports eleven cases of surgical tuberculosis treated. He says of them: "All the cases that I have had to treat have been severe. The majority of them had passed from the hands of physicians and surgeons and were regarded as incurable." His results in the treatment of lupus were better than Wright's. In the other conditions the results were not quite so good. It is possible the better results in the treatment of lupus was due to the effects of the X-ray of Finsen light that had been used extensively prior to the use of the vaccine. These physicians claim that local tubercles as found in lupus are often surrounded by a barrier of coagulated exudate that hinders the opsonins or leucocytes coming in contact with the bacteria. The action of the light or ray treatment is to increase the flow of blood or lymph to these tissues. If the blood is rich in opsonins benefit will follow the treatment, if not extension of the disease may result.

Wright suggests that the use of the vaccines before the other local measures or surgery will increase the benefit from these operations. He does not believe the bacteria are often all removed by operation, but that the tissues or cells take care of those that are left. The ability to destroy these remnants depends on the opsonins present in the blood serum. The use of the vaccine would raise the opsonic index. We have all, at times, been surprised by the way the wounds have sometimes healed when we felt that it had been impracticable to remove all the diseased tissue, and at other times have been surprised at the way our wounds have not healed when we thought our work was thoroughly done. According to Wright, in the one case the

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opsonic index was probably high, and all that had saved the bacteria from destruction before the operation was the force of exudate that prevented the opsonins and leucocytes getting at them. In the other case the index was low, and the few germs left in the tissues found no force strong enough to destroy them or even to prevent them from multiplying and spreading.

The reported results of the workers in this country and on the Continent tally well with those of Wright and Bullock. Some have not been able to carry out the technic as well and their results have been less positive. But the almost universal sentiment among those who have been able to use the vaccines is that an exceedingly valuable aid in the treatment of surgical tuberculosis has been discovered. It is to be hoped that the technic of the treatment will be simplified so that it may become more generally available.

The ordinary germs have not been neglected in this study. The opsonic literature is full of cases treated beneficially by the staphylococcus, colon bacillus and other pyogenic bacterial vaccines. Most of the cases reported were chronic or semi-chronic, and the vaccines were often made from cultures of the bacteria taken from the patient. The results obtained from such vaccines seem to be better than from stock vaccines, those made from cultures of bacteria taken from other sources and kept for general use. As noted before, in the treatment of tuberculosis, Koch's new tuberculin is used. The tubercal bacilli do not seem to be easily handled in making vaccines.

Ohlmacher, of Detroit, in the February 16, 1907, Journal of the American Medical Association, reports a series of cases that is the most varied of any that I have seen.

Acne and furunculosis of the disease due to staphylococcic infection are most frequently and satisfactorily treated by the vaccines. Ohlmacher reports several cases. One of axillary adenitis following boils responded marvelously to an injection of stock vaccine. Two subsequent injections of autogenous vaccine were used to complete the cure. A palmer abscess case was in the list. From the report the disease seemed far advanced when the treatment was begun. The arm and hand were both badly swollen. Two injections of antistreptococcic vaccine had been used without benefit. Some of the pus from the abscess showed the infecting germ to be the staphylococcus aureus. The treatment was begun with a stock vaccine. The swelling and constitutional symptoms began to subside within twenty-four hours. This treatment was followed by three doses at intervals of the autogenous vaccine. The hand healed and with perfect function restored. Other cases cited were cystitis with pyelonephrosis, pneumonic empyema, mastoid fistula, gonorrhœa in most all its manifestations, and other bacterial diseases of less importance to the surgeon. His cases were all cured. Of course, he reported only his successes.

There is a rumor in our section that Ohlmacher is enthusiastic and optimistic, and his reports have to be taken with some reservation. In view of these facts, I should not have given the space to his paper that I have but for this: The paper was read before the Chicago Medical Society, and was discussed by its members, some of whose names are already linked with the opsonic literature as conservative writers. All of them reported results about as favorable as those of Ohlmacher.

In one particular Ohlmacher's work differed from that of Wright and most of the other operators with the vaccines. The exact, the scientific way of prescribing them is to study the opsonic index, and repeat the dose only when the positive phase has passed and the index is dropping. Ohlmacher was not able to always do this tedious work of repeated testings for the index. He was guided by the symptoms largely, as to whether the medicine should be repeated, rather than by the falling index. Other observers have noted the improved general conditions during the positive phase, and the patient feeling worse as the negative phase came on. If effectual stock vaccines can be prepared, and the general condition of the patient be the guide to repeating the dose, I see no reason why the opsonic treatment cannot be carried out as well by the general practitioner as the antitoxin treatment of diphtheria. In this day, when nearly every physician has a microscope, it ought not to be very difficult to determine the germ present in the diseased condition.

I believe it is possible that when observations have been made with this point in view, symptoms will be discovered that will furnish a practical guide to treatment. The symptoms may not be along the lines of those we have learned to note, but some indices other than the study of the condition of the phagocytes will be found.

I am hopeful, in lieu of the work done, that we have in the opsonic theory that which will prove to be a valuable asset in combatting disease. More than this, I believe it is going to lead to a more general acceptance of the homœopathic idea, and also is going to, in some way, help to put our practice on a more exact basis. [Am. Inst.]

Arsenite of Copper in the Male Generative Organs.

This drug is useful in cases where there is perspiration of the scrotum, which is constantly damp and moist. There is a purulent discharge of a white color from the urethra, pain in the prostate gland, tingling and burning in the urethra, and pains in the penis. Boils, also, frequently form on the scrotum.

Badiaga in Dandruff.

Where there is an excess of dandruff, or a dry, tetter-like appearance of the scalp, accompanied with slight itching, or the scalp is sore to the touch, with a tetter-like eruption on the face, Badiaga will often be found to be an effectual remedy. If there are, in addition to the above symptoms, a dull, dizzy feeling in the head, and twitching of the left upper eyelid, the remedy will be specially indicated.

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Gynaecology.

IN GYNÆCOLOGICAL CONDITIONS WHO IS RESPONSIBLE?

BY FRANK DEHWOUT HUMPHREY, M. D., OKLAMOMA CITY, OKLA.

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[Prepared for the Oklahoma State Medical Society.]

In selecting this subject I am fully aware of the magnitude of it, and shall be able to touch upon a few points only. While I believe there are some conditions which we need to better understand, I am aware that I shall say some things which are at variance with some teachings of the past.

Those of you who can recall when laceration of the cervix uteri and perineum and of displacements of the uterus were conseidered by the general practitioner of small importance, know that such cases were grossly neglected. Now the general practitioner is wtih his friend the gynæcologist finding new ways and methods of alleviating untold suffering.

Formerly in cases of obstetrics the first thought in most cases was "How soon can I get away?" the next, "How much shall I charge, and what are the prospects of getting it?" I am sorry to say, however, that in many instances this condition still exists.

As soon as the child is born, the placenta removed and a few instructions left, the attendant departs with very little attention farther extended to either mother or child. Is it any wonder, then, that these men will often tell you that they have had so many hundred or thousand cases and never had a laceration of any sort? Now these men, of course, believe what they say, they are not liars, but they simply do not know and have not tried to inform themselves. The child did not die, the mother recovered sufficient to get on her feet, and that is all they know about it. These are the cases which get along so beautifully.

The subinvoluted uterus, the lacerated cervix and perineum, the lacerated vaginal wall causing cystocele or rectocele with subsequent inflammations, ulcerations and erosions, are frequently met with and are often neglected even for years.

No doubt cases have come under your observation of large rectocele or cystocele, deep lacerations extending far upon the uterine body, and where the afflicted one, having sought the advice of pyhsician after physician finally becoming wearied and discouraged, fell into the hands of a quack or an osteopath. This, I say, is a reproach upon our profession. Surprising to know, many of these cases were diagnosed as tubercular, or were treated for indigestion and kindred troubles.

After parturition an attempt is made to repair at least the perineum. In the environment, as is frequently found in the lying-in chamber, asepsis and antiseptics are used in these cases with results whcih mean practically nothing. Sutures are indifferently and carelessly introduced with the usual result, failure. I grant you that this is theoretically good teaching but practically the outcome is disappointing, and in many cases worse than failure. These patients are led to believe that the repair was satisfactory and complete, but after convalescing come to the realization of their true condition. Nothing whatever is said about the restocele, prolapsed uterus, excoriated recurring ulcerations, acrid leucorrhœal discharges, backache, headache, bearing down pains, irritable bladder, constipation and a long train of hystero-nervous symptoms too numerous to mention.

In a great many cases which come for a secondary operation we find that there has been a skin and mucous membrane union stretching to such an extent as to form merely a thin covering in front of the prolapsed organs behind it. The perineum may not have been lacerated but the posterior vaginal wall completely destroyed. The failure is due to the superficial insertion of the sutures, in not including the fascia and muscular tissues. I would not have you understand that the perineum is the direct support for the uterus and rectum but rather the support of the whole abdominal viscera.

You will remember the antomy of this region with the terminal nerve endings about the rectum. What an important matter it is to have the repair absolutely complete in order that we have not only the anatomical but also the neurotic conditions corrected.

Case One.—Mrs. S. (gave birth to two children, one dying at birth) suffered from a tired, dragging sensation about the pelvis, and had several hysterical convulsions, but as usual only smiled at by her attendant, who informs her relatives that it was hysterics. Upon examination I found a subinvoluted uterus with deep laceration, bathed in a profuse, acrid leucorrhœal discharge, with true erosion of both lips. Informed the husband of this and advised repair of the same. I amputated the diseased cervix, and the result was highly satisfactory to all. No more hysterical spells.

Anatomy.

In reviewing the anatomy at this point we will see the relations as they exist. The perineum or movable point of attachment for the transversus perinæi, the bulbo-cavernosus, the sphincter ani, levator ani and some of the pelvic fascia, also of the anus and lower end of the rectum and posterior wall of the vagina.

The perineum itself is composed chiefly of fine connective fibrous tissue, such as forms the ligaments of muscles in other parts of the body and consists of two parts, externally and superficially the transverse perinei, the bulbo-cavernosus, the sphincter ani and pelvic fascia, internally, the lavator ani, some of whose fibres help to form the internal sphincter and the pelvic fascia which sweeps down from the sides of the pelvis and helps to strengthen the pelvic floor. This makes with the

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levator ani muscles a firm ligamentous band at and in front of the lower end of the rectum where it joins the anus. This band is the great director and controller of the abdominal pressure when it is dircted on the rectum and vagina, as in straining when at stool or in lifting a heavy weight. I wish to refer here to the effect of the stretching or laceration of the pubo-coccygeus muscle and its fascia in the formation of rectocele as well as a tendency of prolapsus uteri to increase itself through the continuance of the force from above and the absence of muscular resistance properly directed below. The operation consists in denuding the cicatricial tissue and mucous membrane through the depressed angles of the muscles on each side formed by the retraction laterally of the perineal muscle after injury and the insertion of the sutures in such a manner as to bring the retracted edges of the pubo-coccygeus and the pelvic fascia into apposition up over the rectocele, thus displacing the anterior rectal wall backward.

The nerve supply is from the fourth anterior sacral. The visceral branches are distributed to the viscera of the pelvis communicating with the sympathetic. These branches ascend upon the rectum and bladder in the female, upon the vagina and bladder communicating with the sympathetic. These branches ascend upon the rectum and bladder in the female upon the vagina and bladder, communicating with the branches of the sympathetic to form the hypogastric plexus.

From the antaomy we will see how important it is that the continuity of the parts should be restored at the earliest opportunity following the injury.

I wish to speak here of the pernicious practice of curetting every woman where there is a possible excuse, only to condemn it. I do not know of anything I fear so much as a man who is always ready to curette, for that is usually the limit of his surgical ability.

I have now a woman under treatment who has never been pregnant, and because she had a small lump in her breast and a slight catarrhal discharge the doctor thought best to curette, and did so. The month after and during the following two or three months has had a severe case of metritis with a partial prolapsus, and I have good reason to believe it was the result of this operation. This, in my opinion, is a most criminal practice.

Salpingo-oophoritis again is many times due to the infected and displaced uterus, and in turn causes the often met cases of adnexial lesions, as in cases of inflammation of the ovary we may and are quite likely to have appendicitis. In tubal inflammation the dreaded tubal or ectopic pregnancy is encouraged.

In retrovesrion and retroflection of the uterus as well as in cases of cystocele I prefer the operation colpotomy or colporrhaphy as taught by my friend Mr. Cash Reed, of Edinburgh, Scotland. Yet I do not hesitate, and, in fact, I prefer the abdominal fixation or suspension in cases past the child-bearing period.

The medicaments I prefer, Ichthyol, Iodine, Carbolic acid, Glycerol, Boroglyceride for their hygoscopic effect on the inflammatory bands and tissues, using combine cotton, wool and gauze tampons.

Gynæcological cases should be classified or differentiation should be made between palliative and surgical. In palliative where inflammation exists as ovaritis, endometritis, vaginitis. However, I am confident that the patient's physical and mental welfare depends upon the proper treatment of this pathological state. I first try to remove the cause by reducing the inflammation not only of the uterus but the adnexia and pelvis, and reposite the offending organ. Subinvolution of the uterus is due very largely to the laceration existing, the uterus being of unstripped muscular tissue. The muscular wall being partially or completely lacerated, it is, therefore, unable to involute to its proper size.

Menorrhagia or metorrhagia is many times due to the lacerated open uterus instead of the endometrium lesion. Traumatism in old and neglected cases is too common to need emphasis at this time.

Why should married women be so much more subject to carcinoma of the sexual organs than unmarried women, if the cause be not due to traumatic irritation of the genitalia? Medical treatment and surgical repair of such lesions cannot be too strongly urged in each and every case where such chronic irritation may exist to abort or overcome the probability of epithelium or carcinoma of the same.

The term pelvic inflammation is a comprehensive one and should not only mean cellulitis but also pelvic peritonitis, while according to Virchow there may be a difference, yet clinically, the terms are the same. Careful investigation of the pathology in these conditions by autopsy, and their more extended study during abdominal procedure while in active stages of the disease, have demonstrated how easily such erroneous views could rise.

In the many gynæcological conditions which exist, I have been able to touch upon a few of them only, but I trust that in the discussion which may follow that you will assist me in perfecting my paper.

If this paper has been any assistance in more clearly outlining our duty to those who suffer, I shall feel fully repaid.

SUGGESTION IN DISEASES OF WOMEN.

BY E. H. PRATT, M. D., CHICAGO, ILL.

In this paper the Socratic style is affected for its simplicity, clearness, terseness and comprehensiveness.

Now, each one of you, please, be the student or questioner, and I will be Socrates, the teacher, and answer as best I can. I will also ask the questions for you as they would naturally suggest themselves in connection with this subject.

Question: Under what two divisions may all creation be classified?

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Answer: Myself and the rest of creation; that is, so far as appearances go.

Q. Who is "myself?"

A. To me it is the I am.

Q. Are you conscious of your I am?

A. Yes, always.

Q. What is consciousness?

A. It is my recognition of messages from within and without.

Q. Is consciousness under your control?

A. It should be. I am conscious of only what commands my attention, and I do not consider myself well trained unless my focus of attention is under perfect control. As I withdraw my attention from one thing and put it upon another, my consciousness is shifted. My attention cannot be compelled without my own consent; in fact, the great point in education, I have found to be this control of attention Some call it self control. It involves forgetting as well as attending, and a change of consciousness implies letting go of some things and heeding others.

Q. Are you able to simultaneously entertain opposite conditions in consciousness; that is to say, can you be conscious of pain and pleasure, of sickness and of health, of grief and of joy, of success and of failure at the same time?

A. Let me answer your question with other questions. Can you keep still and move at the same time? Can you stand and sit at the same time? Can you walk east and walk west at the same time? Can you change and remain the same at the same time? Your questions were foolish because it is a well known fact that the mind can entertain but one idea and its correlatives at the same time; therefore, if your attention is entirely given to the things that give you pleasure, you cannot at the same time suffer; if you are completely absorbed in the idea of health, conception of disease cannot enter until you have changed your mind; if the oil of joy fills and thrills you, saturating your entire being in all its planes of manifestation, it leaves no room for sorrow so long as you hold fast to the joy. If you have welcomed success in your consciousness and pinned your faith to that, so long as you are loyal to that concept, failure will be unknown to you.

Q. Can mental and emotional faculties be developed by constant exercise and practice, after the manner of muscular development?

A. They certainly can. Anything exercised grows, be it mind or muscle.

Q. Do you claim that one's condition at any time is the result of his habits of attention?

A. I do.

Q. And that if his attention had been different, resulting conditions would have been different?

A. Certainly.

Q. In cases of sickness, where are the minds of the patients usually focused?

A. Upon the sickness of the part involved.

Q. Where should they be focused.

A. Upon the health of the part involved.

Q. Can this change of attention from the distress of a sick part to the harmony of the same part in health, be made by an effort of the will on the part of the patient?

A. No. It calls for the eradication of the discomfort by an attitude of non-resistance and by an abiding faith in the power of health to overcome disease. The patient must learn to think of the part as being well instead of being sick.

Q. When a doctor is called to a case of sickness, and the symptoms of the case and the condition of the patient are told to him, does it not focus the attention of the doctor upon sickness and thus tend, by all the power of telepathy, to aggravate the case?

A. It certainly does to the exact extent that the doctor permits his attention to remain riveted upon the sickness, but if he shifts his mind from contemplating the sickness, to the remedies that are good for it, and, with perfect faith in their efficacy, pictures to himself the sick part as convalescing and rapidly assuming its normal condition, he not only escapes the contagion of the sickness, but constitutes himself an active, healing suggestion of material aid in the recovery of the patient.

Q. Do you mean to say that sicknesses are self-induced and that they result from habitual mistakes of one's attention?

A. That is just what I mean. The human body at any time is nothing but a crystallized product of how the person has lived up to the date of the invoice or diagnosis, as you would call it.

Q. What about the germ theory of diseases and the results of accidents and heredity?

A. The germ theory is all right as far as it goes, but all vaccinations require the condition known as susceptibility, and susceptibility simply means habits of consciousness. Why, everybody knows that fear, worry, anxiety and their like always keep their possessor on Calamity street.

As to accidents, there are none. There are no meetings and partings of people and things in this world of time and change—be they sudden or gradual—that are not wholly law governed and faithful illustrations of cause and effect. No circumstance can come to an individual, however sudden it may be or however unexpected, to which his own condition is not an essential factor. We never arrive at a point toward which we have not traveled, and our footsteps are ever at our own disposal.

As to heredity, that goes no further than tendencies and inclinations. As I either yield to them and endorse them or master them and control them, are they able or not to crop out into my personal becoming. I may be impelled by what I have inherited, but by controlling consciousness, I find myself in all particulars master of my own fate, physical, financial, social, environmental.

Q. Would a change of consciousness, then, influence or change disease?

A. It certainly would.

Q. Please tell me, then, what is a doctor good for.

A. To change consciousness.

Q. How can a doctor change the consciousness of a patient?

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A. By suggestion.

Q. What is suggestion?

A. Suggestion is any message, by whatever route it travels, from the outside to the ego.

Q. Is there more than one route of suggestion?

A. Yes, several.

Q. What are they, please?

A. The distal extremities of all sensory nerves are receiving stations for suggestions, and there is also a type of suggestion known as auto-suggestion.

Q. Do you mean that when I talk to anybody I am employing suggestion?

A. Yes, if your message is received in consciousness.

Q. You would not call it a suggestion then, if my patients did not hear what I said to them?

A. Most certainly not.

Q. If I write advice to a patient or give him something to read or show him a suggestive picture to look at, is this also a suggestion?

A. It is, provided it commands the attention of your patient. Otherwise he gazes without seeing and no suggestion is registered in consciousness. A fool has eyes, but he does not see, and so has a blind man, but in either case the ocular route of suggestion is unavailable.

Q. If I hold a remedy, pleasant or otherwise, under the nose of a patient and ask him to smell, is this also a type of suggestion?

A. It most certainly is, for the mere act of smelling would involve the attention of the patient and your message would be received in consciousness.

Q. Is the sense of taste also to be considered a route by which suggestions may be made to patients?

A. Most certainly.

Q. How about what is known as common sensation through which we know heat and cold, dryness and moisture, sense of pressure, muscle sense, all belonging to what is known as the sense of touch? Are all my plasters and poultices and electrical currents, local applications of all kinds—pleasurable and painful—are they, too, types of suggestion?

A. Just in proportion as they are registered in consciousness.

Q. I have asked you concerning the cerebro-spinal routes of suggestion. Now, supposing I appeal to the terminals of the sympathetic nerve?

A. That is just as simple as the other, only you will reach the consciousness of the patient in a more direct manner, because while you were appealing to the cerebro-spinal routes you seemed to be at a distance and approaching the ego from that part of creation outside of itself. When you appeal to the sympathetic nerve terminals your suggestion takes the type of auto-suggestion and seems to well up into consciousness from the direction of the ego itself.

Q. How about drugs?

A. No difference. If they are simply irritants they appeal to self-consciousness through the touch route. If the dynamic forces of the drugs have been evolved by homœopathic processes, the vibrations are finer, and well up into consciousness by way of the sympathetic route. In this way homœopathic prescribing seems to be more efficacious than any other, because it is able to eliminate fear, worry, anxiety, jealousy, hatred and other spontaneous emotions that interfere with the recovery of the patient.

Q. Is there such a thing as telepathy?

A. Yes.

Q. How does it act?

A. On the principle of electricity. The current runs from the positive to the negative. The vibrations emanating from the operator as he focusses his attenton upon the thought to be instilled in the patient—thus employing what is known as creative energy—reach the patient, who is in a receptive, teachable state, at least, is off his guard, and is not antagonistic, representing the negative pole of the current, and receives the impression which wells up into consciousness by the inner route, similar to that shown when an appeal is made by outside remedial measures, to the terminals of the sympathetic nerve.

Q. Is it of any practical service in the healing of the sick?

A. Well, if it does any good to eradicate fear, worry, anxiety, establish non-resistance and a happy interpretation of whatever condition the patient may be placed in, it is of service and it may be employed in skilled hands to advantage.

Q. Is this why optimists make better doctors than pessimists do?

A. Yes. Their minds are fixed upon hope, trust and expectation, stimulated by faith and other wholesome and healing qualities, and the contagion of such a person in the sick room is conducive to recovery.

Q. Can these qualities on the part of the healer be educated and trained so as to be used at will?

A. That question has already been answered. Did I not tell you that any faculty of mind or heart can be developed to an unlimited extent by systematic exercise, just as muscles can?

Q. You really think, then, that a patient's attitude toward his sickness, toward the doctor and toward the remedial measures used is a matter of some importance?

A. I certainly do.

Q. And you think that a good doctor ought to be able to so interpret the situation to the patient that the patient would be able to practice non-resistance, thus saving him from nerve tension and the congestion and functional disturbances resulting therefrom, and become of practical use in the sick room?

A. Yes, by all means.

Q. But if you are called to a patient whose consciousness is disturbed by the presence of pain, and ask him to smile on it and welcome it, would he not be liable to discharge you and send for a doctor who sympathizes with his sickness and recognizes that he is in need of help; a doctor who exhibits some definite, practical, self-evident remedy that he is satisfied will prove efficacious?

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A. Such a doctor would be immediately discharged, and justly, as it is difficult to cure fools, especially in the practice of medicine. In a case where the patient is not receptive by way of his consciousness all this change can be wrought by way of the sub-conscious route of telepathy.

Q. You say that all cures are made by suggestion?

A. I do.

Q. And that drugs and knives and douches and external applications and the exhibition of internal remedies are all different types of suggestions?

A. I do.

Q. Are these, then, to be retained by successful men in the practice of the healing art?

A. They certainly are. Because one finds a new route of suggestion, it is by no means necessary that he abandon all other routes which in times past have proven their service and practicality.

Q. You believe, then, in the practice of surgery for the cure of the sick?

A. I do.

Q. You believe in the prescribing of drugs?

A. I do.

Q. You believe that external applications of remedial agents are sometimes useful?

A. I do.

Q. You believe in the use of electricity?

A. I do.

Q. Of water?

A. I do.

Q. Of therapeutic lights?

A. I do.

Q. Of vibratory treatment?

A. I do.

Q. In osteopathic handling and Swedish movement cure and massage treatments?

A. I do.

Q. And also in telepathy?

A. I do.

Q. Why are all these various agents serviceable in the healing of the sick?

A. Because they are all different types of suggestion.

Q. Could you classify these different kinds of suggestion?

A. Yes. There are two kinds.

Q. What are they?

A. Those that reach the ego by way of the consciousness of the patient and those that travel the subconscious route, appearing in consciousness from the direction of the ego itself.

Q. Please tell me which is which.

A. There are but three that enter consciousness by the direct route, that is, appear spontaneously as from the ego itself, and consequently are the most efficacious ones in the healing of the sick.

Q. Which are they?

A. Surgery and physical measures which appeal directly to the sympathetic nervous system, that type of surgery and all physical agents which appeal directly to the sympathetic nerve terminals, thus escaping all the cerebro-spinal routes of suggestion. 2d. Homœopathic prescribing. 3d. Telepathy.

Q. Is is difficult to acquire skill in the practice of telepathy?

A. Yes. It is the most difficult remedial measure to handle with skill and accuracy. There is no one of your remedial measures which you now handle with skill, that did not call for long continued study and practice to enable you to employ it with success. It takes more time to fit the mind for purely mental practice than for the skillful use of purely physical types of suggestion.

Q. Is the employment of telepathy especially valuable in the treatment of women?

A. Yes.

Q. Why?

A. Because women are more teachable than men are; they are more trustful, more receptive and consequently more sensitive to all types of suggestion. They are proverbially intuitional and consequently especially susceptible to telepathic suggestions because these are conveyed into consciousness by the same route employed by all types of intuitions.

Q. Can telepathic vibrations influence a blood stream?

A. Of course they can, and in this way dominate functions, relieve congestions, subdue inflammations and restore tissues to their normality.

Q. Does the practice of telepathy have a tendency to render one less skillful in the employment of other types of suggestion, even to those which reach the ego by way of the cerebro-spinal route?

A. Not by any means, but rather ripens medical judgment and enhances success in the employment of any and every method of cure.

Q. Then your claim that all cures are made by suggestion, does two things; it explains how all cures are made and, besides this, adds the telepathic route to the list? Is that right?

A. Most eminently correct.

Q. Do you mean to tell me that pain is a mere matter of attention and fight-back with nerve tension on the part of the patient, and that it would stop if patients could be taught non-resistance?

A. Yes, that is what I meant.

Q. Does the use of palliatives prevent cures?

A. By no means.

Q. Would it do for me to tell patients that their sickness is all self-induced?

A. Well, rather not.

Q. Why?

A. They would discharge you and get a doctor who knew something, who knew that they were sick and needed a doctor.

Q. Would you not tell the truth?

A. No, not at all times.

Q. Why not?

A. Because I would be casting pearls before swine, and the real situation would be truth only to those who received it as true from their point of view.

Q. Did you not say they would be suffering from what they had done and are doing?

A. Yes, but they do not know it, do not believe it, and will set you down for a cold-blooded ignoramus and an impracticable philosopher, when all they want is a doctor who knows his business.

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They think their sickness is induced by some outside agency, and do not understand that as soon as their condition of susceptibility is changed, the propagation of all mischief-dealing microbes will speedily cease.

Q. To employ the higher types of suggestion, then, would not involve abandonment of other routes?

A. By no means.

Q. Should not all types of suggestion be taught in medical colleges?

A. They should, because all types of curing belong properly to the practice of medicine and all students of medicine are entitled to a comprehensive medical education.

Q. How would you define a medical man of one idea?

A. He would be a man who employed simply one route of suggestion.

Q. What is your idea of an ideal medical man?

A. A man who commands all routes of suggestion, employing at all times those which seem to him the simplest and most efficacious.

Q. Is a specialist ever an ideal medical man? If so, when?

A. A specialist is an ideal medical man when he recognizes the true relationship between his own and all other specialties and makes use of the other specialties whenever needed.

Obstetrics.

ANÆSTHESIA IN OBSTETRICS.

BY T. DRYSDALE BUCHANAN, M. D., NEW YORK CITY.

The actual giving of an anæsthetic to an obstetrical case differs very slightly from the method employed in any other case, so a paper on this subject is perforce limited to the selection of the anæsthetic and the effects of the drugs on pregnant women.

Chloroform since its discovery has been the favorite anæsthetic for labor cases, many believing that the condition of pregnancy rendered the patient immune to unpleasant results.

Dr. John Bodine, of New York City, pointed out some time ago that many deaths attributed to chloroform were really due to fright, and that by the time chloroform was used in labor the patient far from fearing the anæsthesia welcomes its appearance. This absence of fear seems to offer a better explanation of the beneficent action of the drug than a mysterious immunity does.

Pregnant women offer no more contra-indications to anæsthetics than other people, except they are more susceptible to fatty degeneration of the liver or acute yellow atrophy from prolonged chloroform narcosis.

While much has been written against the use of chloroform in obstetrical cases it still remains the most satisfactory drug for short obstetrical anæsthesias. A protest, however, should be raised against its indiscriminate use. We should not assume that chloroform is indicated just because a woman is pregnant, for there is nothing about pregnancy that prevents the patient from exhibiting strong reasons for ruling out chloroform.

Chloroform anæsthesia when prolonged has been proven beyond doubt to produce fatty degeneration of the heart, kidneys and liver, therefore, it is contra-indicated in long operations, fat people, myocarditis (fatty or other), fatty liver, fatty kidneys, dilatation without compensation, anæmia, shock and collapse. Authorities agree that it produces more harm to the kidneys, than ether, thus ruling it out in all forms of nephritis.

Ether is contra-indicated in diseases of the respiratory tract, pronounced atheroma, dilatation without compensation, eclampsia, and where the actual cautery is to be used near the anæsthetic. Ether is not contra-indicated in the athletic or alcoholic, but owing to the large quantities necessary in these cases chloroform is preferable until the surgical degree is reached when a change can be made if desirable.

Bearing these points in mind the obstetrician may prescribe his anæsthetics as follows:

For examination under anæsthesia either one may be used with safety, though the nitrous oxide ether sequence is preferable owing to its rapidity. The simple examination during anæsthesia has not in my experience produced miscarriage nor have I been able to obtain any records of its having done so.

Curettage after miscarriage demands ether. Here we have a patient who is anæmic from hæmorrhage, actual experience teaching us that the anæmic person is a dangerous one to give chloroform to. The anæsthetic should be light, and the patient allowed to recover as soon as the curette is removed, otherwise the uterus fails to contract and dangerous hæmorrhage is invited.

In the second stage of labor chloroform is preferable on account of its rapid action, and is best used as follows: It is given drop by drop on an Esmark mask. When the pains become unbearable the chloroform is given at the onset of the pain and continued until the acme is reached, when the mask is removed and the patient is allowed to recover. This is repeated at each pain. Given in this way, Dr. L. L. Danforth, of New York City, after many years of obstetrical work, believes it not only safe but that it promotes rather than retards labor as the patient is more apt to help herself when the keen edge of a pain is removed than when she is suffering.

As the fœtal head bulges the perineum and just as the head slips over the perineum anæsthesia is produced to the surgical degree not only to banish the pain but to retard labor, thus preventing the rapid expulsion of the head before the perineum is properly stretched. Anæsthesia is stopped as soon as the head is born.

Dr. Danforth believes that anæsthesia in the second stage of labor predisposes to post-partum hæmorrhage, and would warn us to guard the third stage, being careful that the mother has recovered

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from the anæsthetic, and that the uterus is well contracted before leaving her.

For version, forceps high or low, symphysectomy, repair of the cervix or perineum, chloroform or ether may be used. All or any of these operations if protracted should be done under ether.

Cæsarean section is best done under ether, while eclampsia with its abnormally increased blood pressure and spinal irritation is best antidoted by chloroform despite the kidney lesion present. Chloroform lowers blood pressure, while ether would still further raise it and is thus positively contra-indicated.

If chloroform be slightly heated it vaporizes thoroughly, acts quicker, and is less prone to occasion bad results. If it be vaporized by means of oxygen the risk of producing fatty degeneration of the tissues is greatly minimized, therefore, the chloroform and oxygen combination of Northrup's remains the method par excellence of producing chloroform narcosis.

Anæsthesia seems to retard the expulsion of the placenta somewhat, but not enough to be of any consequence.

One might fear the transitory cyanosis occuring in the mother during the gas ether sequence would be harmful to the child. This is not so—actual experience shows that the child upon birth presents no evidence of having been affected by the gas.

Believing that the jury is still out on the question of using the morphine scopolamine combination, the writer has not tried in sufficient number of cases to place any value upon his opinion.

Intelligent anæsthesia adds practically no risk to the labor, and so should be employed in the majority of cases. It is seldom called for until the second stage, when it proves a boon to the patient and facilitates the work of the accoucher.

210 West 57th St., N. Y. C.

Electro Therapeutics.

THE HOMŒOPATHICITY OF ELECTRICITY.

BY WALTER W. SEIBERT, A. M., M. D., EASTON, PA.

The field of electro-therapeutics, in view of the advances of recent years in apparatus and technique, is practically a new one, while, in fact, it dates back to before Hahnemann's time. When Franklin used sparks from Leyden jars to treat rheumatism and kindred ailments, electro-static treatment had its origin. From that time to the present day there have been many attempts made to explain how, but very few attempts to explain why electricity relieves or effects a cure in some cases.

It is right here that the homœopathic electro-therapeutist should be as far in advance of those of other shcools as is the Homœopath in other specialties. If we had the same basis, that is, provings, for the selection of currents as there is for the selection of drugs, there can be no doubt that this advantage would be ours. When Hahnemann discovered the law of similars, he discovered a law of nature—a law to which there are no exceptions. He said nothing to lead one to suppose it were to apply only to the material products of the animal, vegetable and mineral kingdoms. On the other hand, it is shown that he and other early workers intended us to have indications based upon provings by the fact that they included such agents as electricitas, galvanismus, magnes, etc. Having apparently complete provings of electricity to go by, we do not and cannot use them satisfactorily because of ambiguity in record and technique.

Hahnemann, in his Lesser Writings, says: "Heat and cold, together with electricity, belong to the most diffusible of all dynamic medicinal stimuli." Jahr, in his New Manual, places all of these non-material remedies under the head of imponderabilia. Neither Hahnemann nor Jahr gives us definite instructions in technique. Clarke, the only modern materia medicist to my knowledge mentioning electricity, attempts, wizard-like, to make the imponderable material. He is doomed to failure in this respect, for by his success he would demonstrate the possibility of retaining in sugar of milk the remedial virtues of electricity. So, evidently, the methods of applying electricity to the sick were unsatisfactory.

In the second edition of the Chronic Diseases, Hahnemann says: "At the end of these directions for treating chronic diseases, I recommended in the first edition, the lightest electric sparks as an adjuvant for quickening parts that have been for a long time paralyzed and without sensation, these to be used besides the antipsoric treatment. I am very sorry for this advice, and take it back, as experience has taught me, that this prescription has nowhere been followed strictly, but that larger electric sparks have always been used to the detriment of patients; and yet these larger sparks have been asserted to be very small." Yet he recognized electricity as a homœopathic remedy, for in the appendix to the Organon as translated by Dudgeon we find the following: "In perusing the works which have been published on the subject of medical electricity, it is surprising to see what analogy exists between the morbid symptoms sometimes produced by this agency and the natural diseases which it has cured homœopathically in a durable manner." As a basis for this quotation are given quite a few illustrative cases. He says that the fact that electricity produces an acceleration of the pulse and febrile paroxysms has enabled some to cure quartan fevers and a kind of tertian fever with it alone; that by virtue of its power to produce convulsive movements it has cured morbid convulsions, also cured a case of aphasia and partial paralysis of the left arm accompanied by twitchings of the legs, arms and fingers; that it has homœopathically cured sciatica, rheumatism, ophthalmia and varicose tumors; that electricity will cause a swelling of the cervical and mammary glands, and, according to the law of similia, will and has removed indurations appearing in these glands. Many instances of cure by means of electricity are given in the Annual Record of

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Homœopathic Literature of 1874 and 1875. The magazines of later years also contain reports of cures, while scarcely a medical magazine of to-dav is published that makes no mention of electricity as a remedial agent.

Yet the only systematic provings we have are those made especially by Caspari and a few associates and recorded by Clarke and Jahr. Quoting from Clarke: "Dr. Seward has related a number of cases in which the injudicious use of electric baths brought on phthisis. In another case the chest and arms became stiff and paralyzed. A young married woman, who had general and local (uterine) treatment, complained after it of feeling very heavy, as if she weighed a ton. One patient, after a bath, said her chest and shoulders 'felt like marble.' He became phthisical and died." Clarke describes the provings of electricity as "the effects of atmospheric electricity and static electricity." If this description is correct, then what are we to understand by the term electric bath? Does he mean static insulation or the true galvanic bath? Probably the latter. If this is so, then the cases quoted above have no business under electricitas, but should be under galvanismus. For our purpose the provings as recorded by Jahr, though not so voluminous as those recorded by Clarke, are better as they probably are more accurate. Sleeplessness, chilliness, then short, dry heat, intermittent or quick and strong pulse, accelerated circulation; paroxysms of oppressive anxiety, dulness of the head, growth of hair increased, constant titillation in the throat with cough, nausea, sense of repletion in the stomach after a slight meal, panting, breathing, chilliness in left side of chest, palpitation of the heart with fever or headache, or oppressive anxiety with bright red face, are symptoms, one or more of which usually appear in pulmonary tuberculosis. Add to these symptoms, black or yellow stools having a fœtid smell, and we have intestinal involvement. Or, add stiffness of limbs, paralysis of single limb, particularly the lower, loss of consciousness, looking around with staring eyes, loss of memory, painful spasms in the head, contraction of the morbidly enlarged pupils, expression of terror in the countenance, foam at the mouth, loss of speech, inability to articulate, incontinence of urine, frightful pains in the arms and lower limbs, paralysis of the arms, etc., and a meningeal complication is suggested. In the same way we can pick out symptoms likely to be present in some kinds of rheumatism, sprains, scarlet fever, eye and ear troubles, and in as many diseases as we can from the average remedy. But whether the provings were made with the positive or negative current is not noted, as all matter of technique were neglected. We may draw the conclusion, then, that while we have provings and apparently most excellent indications for electricity, we do not use them because the currents used in making the provings are not clearly specified, and because the technique is not definitely explained.

We need, in order to bring electricity on the same plane of usefulness occupied by other remedies, a careful reproving by definite currents of definite polarity, voltage and amperage. Then a careful recording of all symptoms and the duration of action, employing all modern methods and instruments when necessary for determining these symptoms It might not be amiss, at this point, to call attention to the opsonic index, which probably is influenced tremendously by the action of the electric current. To attain these ends successfully, there should be some current which would be a standard and which would correspond to an average poisonous dose. From this as a starting point, each could vary the dose sufficiently to satisfy himself, whether he be a high or low potentist, provings made with static, galvanic, faradic, sinusoidal and high frequency currents of various kinds being kept separate and properly recorded along with the exact current used.

With these provings as a basis, a careful selection of current of a potency to satisfy the individual prescriber would yield results as satisfactory as any he could get from any properly selected remedy. As surely as the proper application of heat relieves a burn or cures certain kinds of erysipelas, or the proper application of cold prevents frost bite, or massage prevents bad results from certain kinds of injuries, just so surely will electricity relieve or cure certain conditions to which it is homœopathic. Until we have modern provings, however, let us not continue using electricity empirically only, but at times refer to what provings we have and we may occasionally find such indications as will help us materially. Electro-therapeutics along with the other imponderabilia resting upon a scientific foundation, would increase the power of the physical therapeutist to a wonderful extent by removing his work from the field of empiricism to that of Homœopathy.

Addresses.

PRESIDENT'S ADDRESS, MINNESOTA STATE HOMŒOPATHIC SOCIETY.

BY R. B. LEACH, M. D., ST. PAUL, MINN.

Officers and Members of the Minnesota State Homœopathic Institute, Ladies and Gentlemen:

As the By-Laws of this Society decree that your presiding officer shall deliver an address at this period of each annual session, and as it presupposes that the speaker will present a subject (or subjects) of special interest to the members and of probable import to the cause of Similia, and, as I believe mine, the most important subject for each member of this Institute to carefully consider and personally decide to-day, I have the honor to herewith comply with our laws to the very best of my ability.

(I hasten to precede the discussion of my theme, however, with the assurance that in my judgment this meeting could not have been the success it certainly has been, excepting for the untiring devotion of our worthy secretary, together with the able as-

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sistance of our bureaux chairmen and the committee of arrangements, and the loyal support of the members, to all of whom I am under special obligation, and to whom I desire at this time to express my grateful acknowledgments.)

As the universe is governed by immutable laws, and as the law of Similars is, in my opinion, one of said laws, the contemplation of this law, as it applies to my subject, brings me face to face, as it were, with a realization of my own short-comings, and of the great responsibility, as well as honor, that goes with the presidency of such an association as is ours, together with an earnest desire and intent to make no mistake, to utter nothing ambiguous.

As one who knew has put it: "To perfect what we have received, and to honor Hahnemann by carrying out the good work begun by him—work that no one man, no one life-time could finish—to assimilate all that is logical and practical, from whatever source it may spring, is the duty of the members of this and of all similar societies."

Virgil says:

"The ghosts rejected are the unhappy crew,
Deprived of sepulchres and funeral due."

Like one of these, my subject, "The Amalgamation of the Schools," is still before us; is kept there by others, not by us; and, as I believe its burial timely, I most respectfully beg leave to herewith add my mite toward this very much desired ceremony.

In approaching my topic I wish to declare in unmistakable terms my belief that this so-called "amalgamation," this ideal conferrumination, under present conditions, is a misnomer, nothing else, and that it would be nothing less than professonal suicide for those of our school who might be so balefully influenced as to accede to the importunate solicitations of our confreres of the so-called "regulars," and accept the narrow margin of self-respect left them after taking such a leap into the dark.

For, while I in no way intend to arraign, or desire this address to be construed as an arraignment of, the motives of any particular member of the "old school," I do intend to arraign and trust that this will be understood as an arraignment of, the nature and consequence of the past and present attitude of that "school" as a supposedly collaborative "school" of the healing art.

And, while I unhesitatingly applaud every honest effort and achievement among members of any "school," the willingness to be lost sight of, by and in, the dominant "school," is not in my make-up. The question is one, however, for every homœopathist to consider and decide for himself, one that should be met more than half way by each, fearlessly and without equivocation, with all fancies eliminated, with all facts in plain view.

Under present, one-sided restrictions of the "old school," "amalgamation" is an absurdity, an impossibility, and can not obtain, and the sooner homœopathists present a united opposition to those requesting us to "affiliate" with them, or (note the or), or until that school adopts the homœopathic materia medica and therapeutics as promulgated and proved by Hahnemann and his co adjutors, until these special branches of the healing art are made an intebral part of the curriculum in all of their colleges, until all students are required to pass rigid examinations in our materia medica and therapeutics, as well as in the materia medica and therapeutics of the "old school," until these studies are presented all students by men of large practical experience in the application of same, until these studies are practically demonstrated in the clinics to all students in all "old school" colleges, it is far better that we retain and maintain separate institutions of learning, separate city, county, State and national organizations; in fact, better that we preserve the dignified isolation forced upon Hahnemann and his co-workers.

For, while it is wise (as Emerson says) to "teach that each generation begins the world afresh in perfect freedom, unhampered and unbound by the thought or tradition of the dead past, but free to choose and utilize from recorded human experience aught that will conduce to its progress," it is an incontrovertable fact that "the homœopathic prescription, when indicated, fills the bill to-day, and will so continue for all time to come, just as it ever has since first enunciated by Hahnemann; that we who have tried it know this to be a veritable truism; that he who has not tried it is to be pitied."

As sincere investigators into the cause, prevention and cure of disease, "we should at all times be willing to cast aside theories which time and experience have proved untenable, and supplant them by others that seem more logical and better conform to modern thought and attested fact." With this before us: What theory, may I ask, enunciated by Hahnemann, adopted and practically proved by us, has "proved untenable?" What idea, admonition or prediction of Hahnemann does not "conform to modern thought and attested fact?"

Is it the "germ theory" of Koch, wherein he demonstrated in 1883 the contagiousness of Asiatic cholera through the comma bacillus, as predicted by Hahnemann fifty-two years before?

In 1831 (in Leipsic) Hahnemann wrote: "The most striking examples of infection and rapid spread of cholera take place, as is well known, and as public journals likewise inform us, in this way: On board ships, in those confined spaces, filled with mouldy, watery vapors, the cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of cholera most probably consists."

Is it the "vaccination theory" of Jenner, to-day almost universally adopted as the protective par excellence against small-pox?

In 1833, in Chapter 46 of the Organon, Hahnemann said: "It is well known that when variola is added to cow-pox, the former, by virtue of its superior intensity, as well as its great similitude,

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will at once extinguish the latter homœopathically and arrest its development. Cow-pox, on the other hand, having nearly attained its period of perfection will, by its similitude, lessen to a great extent the virulence and danger of a subsequent eruption of small-pox."

Is there any one who has had any considerable experience with small-pox and vaccination who will pretend to successfully controvert this statement? Does Hahnemann's assertion that variola "will at once extinguish the latter (i. e., vaccination) homœopathically" fail to explain? Are there not some recent admissions by old school authorities as to the verity of Hahnemann's asservations?

In August of 1906 von Behring, of antitoxin fame, publicly admitted that "In spite of all scientific speculations and experiments regarding small-pox, Jenner's discovery remained an erratic block in medicine (i. e., allopathic medicine) till the biochemically thinking Pasteur, devoid of all class room knowledge, traced the origin of this therapeutic block to a principle which can not better be characterized than by Hahnemann's word homœopathic."

Is it the "tuberculin theory" of Koch against tuberculosis? Is this another reminder of the chaos in "regular" medicine in Hahnemann's time, or just one more example of how the first allopathist of the 19th century to gain any repute was made famous by his adoption of the law of Similars and efficiency of said law without admitting the one and only source of his working hypothesis? A living example, forsooth, of the cryptic response of ex-Governor Pennypacker, of Pennsylvania, who, when asked to explain his part in a certain transaction, replied: "Celerity should be contempered with cunctation." Am I not correct? Listen:

With Homœopathy under the ban and Hahnemann's great humanitarianism almost lost sight of in Germany to-day, Robert Koch basks in the radiance of admitted greatness. And for what? For practically proving, with the aid of the microscope (which Hahnemann did not have), the presence of, and giving a name to, "those excessively minute, invisible, living creatures" (predicted by Hahnemann) found in all cases of unquestionable cholera Asiatica. For having put Hahnemann's theory of Similia to practical use in what is known as "Koch's Tuberculin," of which Dr. Cabot last November said: "The use of Tuberculin is a form of vaccination which illustrates better than any example known to me the approval of homœopathic principles in our school." "Surely," he continues, "this is a case of Similia Similibus Curentur, as homœopathic writers have pointed out."

Why, then, this honoring of Koch, the 19th century prover of his theories, by a class who denied our right, and for ten years pertinaciously opposed our placing, in the capital of our country, the bronze and granite memorial we eventually unveiled in that city to the greatness of Hahnemann, the orginator of more theories that "tested" have "made good" than any other man in all medical history.

(Vide: "The wine test," "the law of Similars," "the infinitesimal dose," "the single remedy," "the germ theory of contagion," "soluble Mercury," "Belladonna prophylaxis of scarlet fever," "drug provings on human beings," etc., etc.)

Or is it the "antitoxin" of Behring that has proved the law of Similars fallible, and that Homœopathy does not "conform to modern thought and attested fact?"

After referring to the practice of vaccination against small-pox as being "homœopathic," Behring, in 1906, continued: "Indeed, what else causes the epidemilogical immunity in sheep, vaccinated against anthrax than the influence previously exerted by the virus, similar in character to that of the fatal anthrax. And by what technical term could we more appropriately speak of this influence, exerted by a similar virus than by Hahnemann's word homœopathic?"

Is it that we, the so-called "irregulars," whose remedies are to this day designated in their books as "unofficinal," that we fear to longer flaunt "the red rag," the infinitesimal dose, before the allopathic "bull," or that we now desire to hide "under a bushel" the therapeutic "light, of our attenuations as advocated by Hahnemann in 1810, and until very recntly (at times even now) sneered at and often maliciously and always strenuuosly opposed by the "rank and file" of the so-called "regulars," or are we of to-day ashamed of the prediction and admonitions of the "greatest prescriber of the 18th century?"

In chapter 159 of the Organon, Hahnemann says: "The smaller the dose of the homœopathic remedy so much smaller and shorter is the apparent aggravation of the disease during the first hours," while in chapter 280 of the Organon, he admonishes us to adhere to this principle, as follows: "We should not be deterred from the use of such doses by the high degree of rarefaction that may have been reached; however incredible they may appear to the coarse, material ideas of ordinary practitioners, their arguments will be silenced by the verdict of infallible experience."

Is this true? Are those predictions of 1833 being fulfilled in 1907 in "infallible" experience? What say the modern, the legitimate successors of Hahnemann's "old school" contemporaries?

In November of 1906, in an addres before the Boston Homœopathic Medical Society, Prof. Richard Cabot, of Harvard Medical College, said: "No one in this country has had so much experience with tuberculosis as Trudeau, of Saranac Lake. No one has tested so critically the merits and demerits of Tuberculin. As a result of his fifteen years' experience of its use he published, last August, an account of his methods. What dose does he use? Not the 10 milligrams often used in the earlier 90's, not the one milligram or the one-half milligram recommended later. At present he begins his treatment, in febrile cases, with one one-hundred thousandth of a milligram." "What fixes this dose," he continues, "precisely the homœopathic principle, namely, to produce a definite good effect

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without observable ill effects." While von Behring. before the Berlin Physiological Society, thirteen years before, "demonstrated the immunizing action of his tetanus antitoxin in infintesmal doses," on the same occasion speaking of the "production of the serum by treating animals with a poison which acted better the more it was diluted." Each and everyone of the above mentioned "old school" applications of the law of Similars being admitted and amplified by Dr. Sisca, an allopathic physician of Queensland, in his discussion of Homœopathy in the "Medical Brief," in which he says: "While Homœopathy on one side has for over a century stood with its feet on the immovable ground of its fundamental principle, allopathy has been slowly but surely turning around until to-day a very important part of what Homœopathy has always contended for is, in substance, if not in so many words, plainly and fully recognized by allopathic lecturers and authors."

With these proofs that the self-styled "regulars" are utilizing the leading characteristics of Homœopathy, facetiously, if at all, referring to their source, with these together with the similarly timely admissions of Cabot that "The opsonic theory is distinctly homœopathy," with the above mentioned experiences of Koch and Behring and Trudeau and Wright (from 1882 to 1906), in the light of the theory first promulgated by Hahnemann in 1796, with these facts before us to-day, shall we, who know this, now run around and get in behind of, and evetnually swing around the therapeutic circle to the homœopathic "band wagon," and as the so-called "regulars" are now doing, try to climb on to that same "wagon" without giving the password of a trained homœopathist? Never.

Living, as we are now living, in an age that is intensely practical, when every system or theory, be it scientific, religious, philosophic or otherwise, is challenged to show tangible proofs of what it can accomplish; living as we are now living with a knowledge of how thoroughly the law of Similars has been practically proved logical and to conform to modern thought and attested fact, and how such bellwethers of the old school as those herein mentioned, are now, even publicly, admitting, by precept and example, the scientific justice of the theory of Similia, the infinitesimal dose and the single remedy; living as we are now living, when the big majority of allopaths still maintain a persistent and potential though gloved antagonism toward anything and everything emanating from a homœopathic source; when practical proofs of the logic of Similia and the philosophy of homœopathics, when presented by an avowed homœopathist, are suppressed even by and with the aid and authority of "the powers that be;" living as we are now living, under such circumstances, in such an age, what folly that we, who know the action of medicaments as discovered us by Hahnemann, should find it expedient to even think, let alone to talk, of "amalgamation" with any class or set of men who, as a class, not only disagree with us, but disagree among themselves about us, and who refuse to either investigate our law for themselves or admit its efficiency when practically proved by their own recognized investigators.

Is this apparently exaggerated? Listen to the groans and hisses of his own colleagues when Dr. Frank Billings in his presidential address in 1903 dared to suggest "fair play" upon the part of his "school" toward our "school," and to the shouts of endearment and endorsement when another member of the American Medical Association, at that same meeting, denounced and derided everything savoring of Homœopathy.

We have nothing to gain by this so-called "amalgamation," and we know it. They have everything to gain by such a move upon our part, and they know it. It is to our advantage to remain in statu quo. For we know, as Prof. Ludlam has said, that "we owe our preservation to the adaptability of Homœopathy to the varying stages of medical progress as well as to its intrinsic worth and merit. It is a clear case of the survival of the fittest and furnishes the germ of therapeutical immortality."

They know these facts as well as we know them, hence their untiring persistence in soliciting our membership in their societies; our unconditional surrender of the right to profess as well as to believe and to practice as our knowledge dictates.

Have I misconstrued their intent or exaggerated the facts. Listen:

Applications for membership in the societies of the allopathic school of to-day (last winter presented every member of this institute in St. Paul) read, in part, as follows: "Gentlemen—I hereby make application for membership in your society, and if accepted as a member, I . . . will in no way profess adherence or give my support to any exclusive dogma or school."

What answer should we have given the representatives of such an association under such circumstances?

Is Homœopathy not a dogma (i. e., is Homœopathy not based upon a specific principle, tenet or doctrine)? Is the homœopathic not a dogmatic "school" (i. e., not doctrinal)? If not, the sooner we change the official cognomen of this "The Minnesota State Homœopathic Institute" and the official title of our "College of Homœopathic Medicine and Surgery, University of Minnesota," the better. At least we will then know where and with whom we stand, and the world will know us as we really are.

Or when a stranger presents himself at my door and asks: "Are you a homœopathic physician," shall I, as if ashamed of that fact, mumble some apology, or hem and haw and otherwise beat about the bush and refuse a direct answer to a direct question, until, perhaps, said stranger, who wants none other, who will accept the services only of a homœopathist, rightfully insists upon knowing just where I stand and what I profess before he will consent to enter my office and submit his case?

What reply would each of us give to a similar query, as rightfully put, in reference to our church

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or political affiliations? Is it that we are any the less Christian because of a choice in church doctrine, or less an American because of a choice in party principles, or less physician because of a choice in therapeutic belief? No.

Therefore, to further seriously contemplate their siren song is absurd. For while we know that their "Mohammeds" are coming to our "mountain," we also know that we may as reasonably expect the "high private in the rear ranks" of the Moslem guard to acknowledge the right of a "Christian dog" to Christian burial, as to expect the "rank and file" of the allopaths of to-day to "take any stock" whatever in a homœopathic prescription, or expect the "leopard to change his spots" as to expect those who deliberately "add to their knowledge of medicine a special knowledge of homœopathic therapeutics, and observe the law of Similia" to willingly consent to be lost in the nihilistic therapy of the school whose proudly proclaimed American exponent, Osler, avers that "we can do nothing with drugs for the typhoid, the rheumatic or the pulmonic patient."

What we want to do is to continue to show, by our results, just what Homœopathy will do when indicated and applied according to our law. And we should invite the old school to stop their "hunt for the needle in the hay stack" and come over and see for themselves that by the light of Similia we long since found just what most of them are still groping in the dark for. For every thinking allopath knows that we have a law, and that if he desires to familiarize himself with this law the way is open for him and helpful assistance ever ready and willing to guide his honest researches. If he is not sufficiently interested to seek diligently, to delve, in fact, as we have had to seek and delve, for that knowledge which makes it possible for us to practically controvert the pessimism of Osler, he and his patients are the losers.

For while we try to overlook the fact that Hahnemann was persecuted by the so-called "regulars" of the 18th century, and are willing to try to live peaceably under the same dome of the same sky with the prideful successors of his defamers, and while we do not blame present-day allopaths for the persecution of our predecessors by their predecessors any more than we blame present-day Presbyterians for John Calvin's treachery to Servitus, or present day Catholics for St. Bartholomew, and while we refuse to emulate the Pharisee of old and "stand on the corner and thank the Lord that we are not as other men," we recognze the fact that we are the legitimate legatees of a sacred and scientific acquisition to our art, and that the preservation of our law, as an integral part of the healing art, depends upon the loyalty of those of us who have repeatedly put it to practical test who know its efficiency.

As our brains, organs formed by nature, though similarly formed, are really as different the one from the other, as are our faces; as each brain has a personality peculiarly its own, due, as this is, to inheritance plus education and environment; as a man will do what his reason dictates, no matter what it costs him; as a man must reason more or less according to the physical characteristics of his brain; as we all do reason thusly. and will continue to reason thusly, despite the desires and machinations of a certain medical clique who would have all to reason only as they reason; as there are differences between members in our school, and differences between members of that school which asks us to surrender our individuality into their keeping; as our conduct is but our character in motion; what sense is there in our even pretending that all men, even all men whose brain formation incites them to the study of the healing art, will ever agree as to how best apply that art?

It is a temperamental impossibility,

Demonstrated throughout the ages, and this is a conclusion to which, in my judgment, the time has come, and to which, accordingly, the sooner we come the better.

Paraphrasing a great oration by a great orator upon a great occasion, I would add: This should be the honor of our profession, that we may so respect one another, and so trust the sincerity of purpose of one another, that while each holds steadfastly to his own convictions, he is willing to confess that his colleague, of whatever "school," is no less earnest than he is himself in what he thinks to be logical, truthful and scientific. This civil, social and fraternal tolerance of a therapeutic faith different from one's own is by no means a speculative or practical indifference toward therapeutic truth, as shown from reason and the revelation of experience; it is simply the tribute we owe to one another's sincerity of speech and honesty of purpose and of act. The fact is before us, however much we may wish it were otherwise. Physicians differ in therapeutic beliefs. Each rightfully claims liberty to profess his own belief and to practice his profession accordingly. Let each gladly and unstintedly grant to his fellows the liberty he claims for himself. This is as it should be. May this ever be the constant rule of life of those who claim that "all that pertains to the great field of medical learning is theirs by tradition, by inheritance, by right."

May every homœopathist with a modest estimate of his own worth, meet any honest, earnest physician, regardless of "school" affiliation, anywhere, at any time, even more than half way, never under any circumstances forgetting Hahnemann's injunction that "The physician's highest and only calling is to restore health to the sick" ever remembering that while one may belong to one "school" and the other to another "school," the world belongs to neither; that the dictates of humanity are paramount, and that after all is said and done the patient is entitled to and should get the combined best efforts of both; and yet, that it is but natural that the best in both will be devloped to the highest degree and displayed with the greatest zeal so long as this "dream" of "amalgamation" is not realized.

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Societies.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The program for the semi-annual meeting is completed and will be issued about September 10th. The sessions will begin on Tuesday, September 24th, at 10:30 o'clock, and be concluded on Thursday evening, September 26th, with a banquet tendered the visiting members of the State Society and their wives by the Homœopathic Medical Society of the County of Kings, as a part of the celebration of their semi-centennial. The other part of their celebration will be a public meeting held on Wednesday night at which Homœopathy will be discussed by Ex-President of the American Institute Charles E. Walton, and President-elect Royal S. Copeland. Governor Hughes will probably also give an address, and music will help to make the occasion as pleasant as possible.

A materia medica symposium has been planned for the Tuesday evening session, at which we will have seven minute reports given by various members confirming the symptoms of some homœopathic remedy. It is expected that there will be thirty or forty such interesting confirmatory cases presented, such as the O., O. and L. Society have had at some of their recent meetings.

The sessions on Tuesday morning and afternoon, Wednesday morning and afternoon as well as Thursday morning, will be given up entirely to the reading and discussion of papers. Each Bureau will have ample time to present its three papers and have them fully discussed.

On Thursday afternoon, at the Cumberland Street Hospital, clinics will be held. The arrangements are now in the hands of the committee, who are working out the details for a successful afternoon on both the surgical and medical sides.

The ladies have already matured their plans for a reception and tea at the home of the president of the county society, Dr. Blackman, on Tuesday, a theatre party on Wednesday afternoon, and a drive and luncheon at the Crescent Country Club on Thursday. The days will be full of interest and enjoyment for all the lady guests who attend.

The Brooklyn physicians are most enthusiastic in making preparations for entertaining their brethren from New York and neighboring States, and hope they may have an attendance that will pay them for the earnest work they have done to make the meeting a success in every way.

Herbert D. Schenck, M. D., President.

OKLAHOMA PROSPECTS.

On the 17th of September next the voters of Oklahoma and Indian Territories are called upon to vote for the ratification of the constitution formulated by the Constitutional Convention, the members of which were elected last fall in accordance with an enabling act passed by the United States Congress, providing for the union of the two territories into one State, to be known as the State of Oklahoma. At present the territories have separate governments, consequently separate medical boards of examiners, which have different requirements of applicants wishing to practice medicine in the territories. The Oklahoma board requires a diploma from some accredited medical college, affidavit of two persons knowing the applicants and who testify to his good moral character, and, in addition, a written examination by the board. The fees to said board are $5.00.

The board has no reciprocity with any other board. In the Indian Territory the United States District Judge appoints a medical board of three practicing physicians, and the territory is divided into two districts, consequently they have the north and south districts; either of these boards will issue a certificate to practice medicine in the territory by the applicant presenting a diploma from a medical college in good standing with a sworn statement that he is the lawful owner of same, accompanied with a fee of one dollar, and this certificate has to be registered with the clerk of the United States Court in said district, the fee of which is $1.50. Now by constitutional provision as soon as the two territories come into joint statehood, which will be soon after the election of September 17th, as the President has but twenty days after being presented with the constitution ratified by the people before issuing his proclamation declaring that we have conformed to the enabling act, and giving to us statehood.

I would advise any homœopathic physician contemplating coming to our new State to practice medicine to send his diploma, with an affidavit that he is the proper owner of same, accompanied with one dollar, to Dr. Wm. L. Peters, Chickasha, Indian Territory, who is president of the board of southern district. By doing this they will save time and money. I am confident when our Legislature meets they will enact laws that will protect the public from quackery, and that the intelligence of our people will demand that no restrictions shall be put upon the advancement of medical science, and that no one school of medicine shall have advantage over that of another, yet it takes time to do this, and no doubt the fees will be much higher and the examinations more strict.

I wish you would give this a prominent place in your September number, and kindly ask other journals of our school to copy same, as there is a great inquiry through me in regard to these points.

I am already shaping local plans for meeting next year. I am very much encouraged as to railroad rates. I will try and get sixty days' extension with rates to the Rockies and return by Yellowstone Park and northern route.

J. Hensley, M. D.,
Oklahoma City, Okla.

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MEDICAL SOCIETIES.

"A Sound as of a going in the tops of the mulberry trees" is beginning to be heard in the headquarters of the homœopathic camp. The leaders have observed that the rank and file outside of the great centres, the country doctors, are being solicited to move over into the camp of our friends, the enemy, and are bestirring themselves to counteract this influence. It is high time that something was done to unite the homœopathic profession for concerted action if we are to continue our existence as a school of medicine. It is easy to have societies for mutual help and encouragement in the larger cities where homœopathic practitioners are numbered by the scores or hundreds, but how about the man who is a hundred miles from such privileges, and maybe twenty, thirty or even more miles from another homœopathic practitioner? The writer is the only Homœopath in the town where he is located, and the nearest physician of his faith and practice is about fifteen miles distant. In a radius of perhaps twenty miles there are, say, six homœopathic doctors, with railroad facilities of such a nature that two whole days would have to be spent in attending a meeting of the six.

At the same time two organized counties of the dominant school are within easy reach and are inviting these men to come into their circles and accept their hospitalities. What have they to offer? Several things, among which might be mentioned: (1) Association with men who have the same object and purpose in their life and work, viz., the alleviation and cure of human sickness and ills; (2) the right to participate in the discussion of questions of importance and interest to all; (3) the growth and stimulation that comes with such research and discussion as organization for a mutual purpose inspires; (4) a medical journal having considerable in its pages that is worth while to any physician. The country doctor who appreciates his position in society is not content in this day and age of progress to sit down and know nothing of what his compeers in the field of medicine are doing. True, he has access to the journals, but no printed page can fill the need of personal contact. Man is a gregarious animal, and the country doctor is first and all the time a man. If a horse can not be with others of its kind it can be a little more nearly content than alone if it can graze with cattle or even the lowly ass. And so the country doctor feels a little less lonely while associated with a society of allopaths than when forming a society of which he is chairman, secretary, treasurer and entire membership. (No offense intended in the above simile.)

A live, organized medical society exists, and through its secretary or a committee appointed for that purpose Dr. Homœopath is invited to join and partake of the privileges above enumerated and such others as may be offered. He feels lonely and wants the association of his fellow practitioners, and yet he realizes that if he goes into their society he will not be with his own kind. But as his own brethren are too far away to be of much help in meeting his needs, he finds that he must either go it alone, hermit-like, or overlook the faults and failures of the other fellows, and accept their invitation.

The writer has never joined an allopathic society, but he came mighty near doing it once, and the only thing that kept him from it was the refusal of the society to accept him along with the American Institute's definition of a homœopathic physician. The society wanted the writer and the writer wanted the definition, and as neither side would budge there resulted a dead-lock, and the application was tabled. But seriously, candidly, it was quite a temptation, because I had known the other fellows long enough to find them a pretty nice lot of men, and so it was pretty hard to turn down their invitation.

Brethren at the front, you who are looked to as leaders, you who are instructors in our colleges, and whose business it is to plan for the good of the cause, take this hint for what it is worth: We men in the small towns and villages want to see a plan evolved that will enable us to have our own societies and be able to meet and discuss matters of interest and importance and not be forced to lose one or two full days from our work. Such a plan at present seems impossible, but maybe you can solve the problem.

If the horse can not graze with its kind, being a gregarious animal, it will have company, if the bars are let down, even if it has to graze with a herd of donkeys.

E. E. LUSK, M. D.,
Keota, Iowa.

The National Eclectic Association at its annual session in Los Angeles sent a congratulatory message to the American Institute in session at Jamestown Exposition, but none of the officers of the Institute or any one else that we can find ever received the message. This is undoubtedly due to the facilities of the Inside Inn, which in every particular were of the Inside Out style. No telegrams were delivered, no mail reached its destination. We presume the telegrams like the mail matter was thrown onto a heap in the corner. We regret that the non-receipt of this message, and, therefore, no reply being sent, should place us in a position of discourtesy towards our brethren of the Eclectic school We hasten to assure them of the true state of the matter and of our regrets.

Balsamum Peruvianum in Phthisis.

There is no doubt that this remedy has cured undoubted and confirmed cases of phthisis, used in the 1x dilution, m5 every three hours for a long period. It is indicated when there is a cough, with a copious expectoration of a thick, yellow, green, or fœtid muco-pus. It is homœopathic also to the hectic fever of phthisis, and is also useful when there is an iritating, short cough, with scanty expectoration, accompanied with hectic fever. I have obtained most brilliant results with the drug, given as above directed, on sugar, and have, therefore, great faith in its efficacy.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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SEPTEMBER 1, 1907.

Editorial.

NEUROLOGICAL SURGERY.

For twenty years the neurologist has been utilizing surgical means in his efforts to aid patients whose conditions are not amenable to therapeutic measures. By this we mean *intelligent* surgery, at the same time not wishing to cast reflections on Hippocrates and his collaborators of 400 B. C., nor on the neolithic men who inhabited Europe several thousand years ago, all of whom practiced trephining. But, really, the first intelligent (the word is a good one) use of the surgeon's skill on the intracranial contents followed the masterly work done on brain localization by Broca, Hughlings, Jackson, Fritsch, Hitzig, and the unmatched Ferrier in the 70's and 80's.

In the early work operations were done mostly for relief after injuries to the cranial vault, but few being undertaken to relieve pathological states. Recently, however, there has been a decided change in this respect. Neurologists throughout the world are taking into consideration intracranial pathology with the same intelligence that the gynæcological surgeon can bestow upon intra-abdominal conditions, and this is because the research work bestowed on the brain has made it an open book to us, and it is possible now to read it.

Two conditions are amenable to the treatment offered by the surgeon, one is hæmorrhage, the other tumor. And it is considered quite a proper thing to operate even though only palliative results—in other words, an absolutely hopeless case, as regards a cure, does not preclude the wisdom of operative interference. And in these days of specialties when surgeons limit themselves to operations upon certain portions of the body, it is a source of regret that the exclusive practice of surgery of the nervous system does not gain more advocates. True, there are surgeons who hesitate to act upon their own initiative, and we are always glad to have the advice of a neurologist, but it goes without saying that the ideal way is for the surgeon to be the neurologist—the neurologist to be the surgeon. Of these surgeon-neurologists the most prominent is Sir Victor Horsely, of London, England. In our own country Dr. Harvey Cushing, of Johns Hopkins University, has come to the front as an intrepid, skillful and intelligent operator.

Several papers have recently been published which deal with this subject in an exhaustive way. Four of these come from the University of Pennsylvania faculty, and are published in Vol II. of Contributions From the Department of Neurology, published by the university recently.

These papers are "Jacksonian Epilepsy," by Charles K. Mills, M. D.; "Focal Diagnosis of Operable Tumors of the Cerebrum," by the same author; "Cerebral Decompression," by William G. Spiller, M. D., and Charles H. Frazier, M. D., and "Surgery of the Nervous System," by T. H. Weisenberg, M. D. A fifth paper, very important and progressive is one on "The Special Field of Neurological Surgery," by Dr. Cushing, and published in the 1905 volume of the Cleveland Medical Journal. The greatest work along this important line has been done in the University of Pennsylvania, though Dr. Cushing has gained for Johns Hopkins recognition from all over the world.

A review *in extenso* of these papers would be interesting as well as profitable, but is impossible within editorial limits. The consensus of opinion of the authors, as well as of the numerous authorities quoted, is that brain and neurological surgery is a legitimate field for extensive work. One all important gain from operations on the cranial vault is expressed in the word decompression. In the majority of cases the only after-effects coming from a hæmorrhage from either the cerebral or meningeal artery is from pressure. And the same may be said of the effects of a tumor, for the majority of intracranial tumors are benign. Cushing says: "A considerable percentage of growths originate in the meninges, are by nature non-infiltrating and only damage the cerebrum through their compression effects."

Probably every physician has had in the course of his experience one of those cases of hemiplegia which go from bad to worse and becomes distressing objects of care which ends only with the lethal exit of the sufferer. To realize that this condition is due not to disease but to pressure of a probably healthy clot or cyst upon normal nerve structure is to wish it were possible to reach in and pluck out the offending "mote." And it is rapidly becoming possible so to do.

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The alienist is vitally interested. The 1903 report

of the Government Hospital for the Insane "records the discovery in their series of autopsies of twenty-eight true tumors, of which seventeen were of the so-called 'endothelial sarcoma' variety; that is, they were comparatively benign growths originating from the meninges, and many of them distinctively operable." And removal of the tumor meant restoration of mental faculties.

But even where removal is impossible, still operation upon the cranial vault is justifiable, for it has been shown conclusively that relief of distressing symptoms follows and that this relief persists in the majority of cases until the end of life. The headache is better, pain is relieved, the vomiting does not occur, paralysis disappears, the gait improves, epileptic fits cease, all these may and in the majority of cases do follow operation, but they are comparatively unimportant when compared with the effect on vision. One of the most frequent results of ultra-cranial pressure is optic neuritis, and this rapidly progresses into atrophy of the optic nerve with a consequent complete loss of vision. Decompression will prevent this if effected early enough.

A most important factor in the work is the retarding of the growth which often results from the operation, just as the progress of an intestinal tuberculosis is frequently stayed after an explanatory laparotomy.

But not all cases are operable. As Dr. Cushing quotes from Fitz in his article on "Some Surgical Tendencies From a Medical Point of View:" "Any operation which does not better the condition of the patient must be regarded as a therapeutic error since the knowledge thus obtained shows that the operation should not have been performed." The mere lengthening of a patient's months or years without rendering them more livable is no justification of an operative procedure.

For the technique of the operation reference must be had to the authorities on the subject. The extent of the operation varies. The removal of one small button may suffice, or perhaps two.

On the other hand, the writer has seen Victor Horsley remove fully one-third of the cranial vault and the patient recovered in spite of the fact that at a subsequent operation a portion of the brain substance was ablated.

Nothing has been said in this editorial concerning surgery of the spinal cord and surgery of the peripheral nerves. The subject of brain operative work is almost inexhaustible, and the other subjects must be left for future consideration.

H.

A WORTHY CHARITY.

The report of the Tuberculosis Dispensary of the Post-Graduate Medical Hospital of New York shows some gratifying results. Twenty-three patients were put under special treatment. This was limited to rest, cool fresh air and hypernutrition. Patients were allowed to remain in bed or in a steamer chair at the side of the bed. The windows were allowed to remain open day and night for the purpose of maintaining as low a temperature as possible in that climate and an abundance of fresh air. A rapid and, as far as possible, uniform gain in weight is obtained by the use of milk and bread and butter, vegetable juice and additional fat in the form of an emulsion. The amount of milk is in nearly all cases fixed at two litres. The amount of bread and butter varies with each individual, and is the smallest amount that will give the desired gain. The results for the term from October, 1906, to April, 1907, show that in every case there was a decided gain in weight, and only one case failed to show improvement in general symptoms. In one case the chest after a short time became entirely free from symptoms.

Two thoughts are worthy of note. One is that a tubercular patient need not necessarily be sent away from home to gain relief from this scourge, and the other is what an immensely better report might have been made if only the patients might have had the help of the properly selected homœopathic remedy.

EDITORIAL BREVITIES.

Growing.

The Chironian gives a good part of its August number to a report concerning the Flower Hospital of New York, the same being profusely illustrated. The most important part of the report tells of the coming new home for the dispensary. A new five-story building is to be erected, and is to contain all modern improvements, with elevator, electric lighting and the most approved furnishments. All the departments of the dispensary are to be given the best equipment.

Along this line it is quite proper to note that the Pittsburg Homœopathic Hospital sometimes ycleped "McClelland's Hospital," is under course of construction, and will some of these days be "a thing of beauty and a joy forever" as well as a continued boon to the suffering ones of the great Iron Metropolis.

And there are others. All of which goes to show not only that the homœopathic institutions are working to help humanity but that at present there seems to be no immediate danger of the demise of the school.

A New Start Towards Success.

This month brings with it the opening of our medical schools. If our reports are to be credited they ought to show a large increase in the number of students entering the freshman classes. There

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has not in recent years been so many inquiries as to facilities and courses of study. That brings up an interesting thought. The student of the day makes his query not as to expenses but as to what is taught. It is no longer cheapness that attracts but thoroughness. The natural inference is that the medical student is out for the best, and only the colleges that furnish the best can hope to get the student. Right here is where the new Council on Medical Education is going to be a help to the college. We take it that the college that is not up to the required standard is deficient not because it wants to give poor instruction but oftentimes simply because of a lack of knowledge as to the best methods for giving good courses. The Council being composed of men all of whom have had long experience in college work is eminently fitted to give such advice as will help a college to get on the right basis. We all should get firmly fixed in our minds that the Council has been instituted to build up and not to tear down. Hence college men everywhere should help rather than hinder the Council in its work. This applies to every college and to all college men. So let us all determine to make this the beginning of a new era for our school and show the world that we are still the same progressive homœopathic hustlers as of yore, full of everlasting faith in "Similia."

Preparing to Hustle for New Members.

President J. W. Overpeck, of the Ohio State Homœopathic Society, is preparing to carry out a plan for increasing by large numbers the membership in the society. Chairman T. M. Stewart, of Cincinnati, has the record so far in this matter—just fifty members having been gathered into the fold at the recent meeting as a result of the work of his committee.

President Overpeck's plan if carried out enthusiastically will result in another large increase. He has appointed on his membership committee a member of every sectional, city or county society in the State. His instruction to these members is to go after every member of the local society who is not a member of the State society. It remains to be seen whether the local men can do anything.

Another good thing being done by the Ohio State Society is the publication in its 1907 proceedings of a directory of the homœopathic physicians in the State. This should be very valuable. The Medical Century has had the pleasure of contributing some help in the direction of making the work reliable and trustworthy.

Death of Sir William Broadbent.

Dr. Sir William Henry Broadbent, physician in ordinary to the King and Prince of Wales and consulting physician to St. Mary's Hospital, Paddington, and other London hospitals, died on July 10th at the age of 72 years. Dr. Broadbent was a prominent London consultant and was well known for his works on diseases of the heart. He was at various times president of the Harveian Society, Medical Society of London, Clinical Society, and Neurological Society. He was a Knight Commander of the Royal Victorian Order and a Commander of the Legion of Honor, and held several honorary university degrees.

Put on the Harness Again.

It is with great pleasure that we note the appearance of the name of our esteemed colleague, Dr. Frank Kraft in the list of the faculty of the Cleveland Homœopathic Medical College. Dr. Kraft's name should never have been off the list. His attainments as a teacher of materia medica are too valuable to be lost. His methods are his own. No one else can copy them. He has a peculiarly happy faculty for impressing the hearer with the value of the remedy under discussion, and his students remember what he says. So we say we are glad he has again put on the harness, and may he never take it off again. The college faculty is a better, stronger teaching force with the addition of Dr. Kraft to its number.

It's Homœopathic.

Could you see the names of Royal, Dewey, Sutherland, Garrison and McConkey grouped together without knowing that something is to be done for Homœopathy? They compose the new council on medical education established at this year's Institute meeting. What matters it if three of them are alumni of the same college? That makes no difference. Their allegiance collectively and individually is to the cause of Homœopathy in general and in particular to the betterment of the educational work of homœopathic colleges. They are stalwarts and will stand for the supremacy of Homœopathy wherever it may be considered. And the council is at work, too. Much awaits to be done.

H.

Editor's Table.

GENERAL NOTES.

Dr. Raymond E. Peck, of Davenport, Iowa, has been appointed Professor of Theory and Practice in the Homœopathic Department of the University of Iowa in place of Prof. R. B. Johnson, resigned.

The International Hahnemannian Association, which met at Norfolk on June 23d and 24th, made an appropriation of $100 for drug proving on scientific lines.

We regret not to have had a report of the meeting of the I. H. A. at Norfolk. We learn from exchanges that Dr. R. F. Rabe was elected president, Dr. H. H. Baker secretary, and that Chicago will be the place of meeting for 1908.

A new site has been donated to the Hahnemann Hospital of Worcester, Mass., by Mr. D. H. Farming, one of Worcester's best known residents.

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The Therapeutic Record, of Louisville, Ky, compliments Dr. R. B. Leach's address before the Minnesota State Society. We publish this address in the present issue of the Medical Century.

Dr. L. B. Swormstedt announces the removal of his office and residence to 2 Thomas Circle, West Side, Washington, D. C.

Dr. G. A. Huntoon, Secretary of the Iowa State Homœopathic Society, is to edit the transactions of that society, and publish them in journal or fascicular parts.

Miss Lillian Saltonstall, the accomplished daughter of Dr. Florence Saltonstall Ward, of San Francisco, and Dr. Norman D. Mattison, were united in marriage on September 3d. Their home will be No. 16 Central Park, West New York.

Dr. Eugene F. Hoyt is spending the summer in Europe. We received a card from him from Geneva.

Drs. Frank C. Richardson and W. S. Smith spend their vacations along the Puritan coast, the former at Duxbury, and the latter at Hingham. From some conversation we overheard while in Boston recently we presume both are yachtsmen.

Dr. J. P. Sutherland is summering in the highlands of his native heather, and Dr. Horace Packard is also over the water.

Dr. Geo. B. Maxwell, of Attleboro, Mass., is much interested in the propagandistic work in our school, and truly says that while work like the Century prize essays and other like articles are all fine and good, they are only published in medical journals and read by medical men where they do little or no good, as it is like telling it over to ourselves. We'll have to get out into the open, doctor, and when the time comes we shall be glad of your help.

IOWA NOTES.

BY M. A. ROYAL, M. D., DES MOINES, IA.

The College of Homœopathic Medicine of the State University of Iowa, is happy to announce that Raymond E. Peck, of Davenport, has accepted the chair of Theory and Practice.

Dr. Peck is a typical Iowan, born at Atlantic and residing at Davenport ever since a boy. He graduated from the college in 1897. The following year he acted as house physician and surgeon. The next five years he was assistant to the chair of surgery, being associated in practice with his uncle, J. W. Watzek, at this time. This association put Dr. Peck into an active, general practice, which he has increased greatly.

Dr. Peck is a member of the Tri-City Homœopathic Medical Society, of the Hahnemann Medical Association and of the American Institute of Homœopathy.

Prof. W. L. Bywater has returned to Iowa City, having spent six weeks in special work in Chicago. He reports that the outlook for students at the University this fall is the brightest it has ever been.

Prof. F. C. Titzell spent the month of July in the West. He reports the hospital full and himself busy.

The report comes that all of the recent graduates of the University passed the State board. One passing the Washington State Board being one of fifty-eight out of 118 taking the examination, who passed.

On September 1st will appear the first issue of the Iowa Homœopathic Journal, published by the Hahnemann Medical Association of Iowa, with Dr. G. A. Huntoon editor-in-chief.

T. F. H. Spreng, department editor of materia medica and clinical medicine.

F. Becker, department editor of obstetrics and gynæcology.

C. W. Eaton, department editor of surgery.

A. M. Linn, department editor of hygiene sanitary science pædiatrics.

OBITUARY.

Dr. John C. Budlong.

Of Providence, R. I., died on July 24th, after a long illness. He was born in Cranston in 1836, and was a lineal descendant in the seventh generation of Roger Williams. He was graduated in medicine from the Hahnemann Medical College in Philadelphia in 1863, and served through the latter part of the Civil War as division surgeon. He then began the practice of medicine at Centerdale, removing to Providence in 1868. In 1875 he was made surgeon general of the State with the rank of brigadier general, and he had occupied many positions of prominence in homœopathic medical societies. In 1903 he was elected to the Providence City Council, and during the past year was president of the Board of Aldermen.

The Library.

BOOK REVIEWS.

Diseases of the Liver, Pancreas and Ductless Glands.

By A. L. Blackwood, M. D., Professor of Clinical Medicine and Materia Medica in the Hahnemann Hospital Medical College, Chicago, etc. 200 pages. Cloth, $1.25; postage, 5 cents. Philadelphia: Boericke & Tafel, 1907.

Dr. Blackwood has given us another of his useful books in which the subject in hand is epitomized so that the salient points can be gotten at by the busy practitioner so far as the general discussion of the affections is concerned, but when it comes to the all-important part of treatment nothing is abbreviated. The indications for the remedies are given in a practical way and nearly all the newer drugs are incorporated. It will prove a most useful work to the physicians of our school, for we have few works on the liver, and but one or two that we can recall on the pancreas, and none on the ductless glands, and this work is up to date in all ways. We can cordially commend it.

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Practical Observations Made Upon the Chemistry of Food. Second revised and enlarged edition. By J. B. S. King, M. D. 147 pages. $1.00; postage, 5 cents. Philadelphia: Boericke & Tafel, 1907.

The second revised edition of Dr. King's comes to our table in a somewhat enlarged form, and the practical hints which abounded in the first edition are amplified in this. There is a charm about this little book which we cannot get away from; while it talks of carbohydrates, proteids, mineral matters and calorics, the little hints given as to what kind of cheese is best, what tomatoes are useful for, why malt liquors are good, and why bad, about the digestion of rice, etc., etc., form this charm. Then, too, it is good to know what are proper foods in various diseases and the why thereof, without having to figure it out mathematically. We like the book so well we shall read it again.

Selections.

IMPORTANT REMEDIES NOT WIDELY USED.

BY G. A. LEACH, M. D., MORRIS, ILL.

When I received Dr. Comperthwaite's letter asking me to write a paper for the Bureau of Materia Medica, it found me with more duties to perform than I had time to give to them, but it occurred to me that in our strenuous life, in which each year of the 20th century seems to exceed the last in its increasing stress, that it might be well to pause a few moments and consider if possibly we, as students of materia medica, are not leaving some of our best remedies to be trampled under foot, or at least not receiving the recognition they deserve. You know the tendency of the age is to rush after the new things. (We Homœopathis are not as bad as our old school brethren in this respect, for we still use a large number of our old reliable remedies which we can depend upon to-day as well as in Hahnemann's time.)

In mining we find that the dump piles of old mines are being worked over and yielding good returns. In agriculture we find the desert, until recently considered worthless, blossoming like a rose under the benefits derived from the Irrigation and Reclamation Act of 1902. Right here in Chicago you have been trying for years to burn your own smoke. Why should we not stop and consider if we have not been discarding as of little use remedies that with more study would be a boon to suffering humanity. Hence this subject.

In calling attention to the various remedies that I shall mention I shall not attempt to go into the symptomatology very deeply, but only give in a condensed way the more important uses as they have come to me in my practice and to my attention.

The remedies that to me seem not to be widely used, may be ones that you, some of you, are using, but I have selected my list from the fact that in my experience with physicians, in my reading from our journals, in our society meetings, etc., I have not heard them mentioned as frequently as others.

Athemis Nobilis, or Roman Chamomile.

An herb so old and obsolete that there are few drug stores that carry it in stock, yet a decoction of the blossoms, with the addition of sufficient Calendula θ to keep from fermenting, applied to suppurating sores, gangrenous ulcers, bone lesions, etc., selecting your cases where there are indications of a need of silicia (as that seems to be the remedy contained in the flowers), you will be surprised at results. A tea made from hay will do wonders in such cases. I accomplished more in three days with hay tea in a case of fistulous discharge after amputation of little toe than the old school doctor who had performed the amputation had accomplished in nine weeks' dressings. Hay tea eventually healed the discharge.

We who are practicing in the country can often step outside of the house wherein we are called, and, if in the proper season, pick or dig some plant or roots that will meet the indications in the case at hand. I remember several years ago being called to attend a young girl suffering from facial neuralgia. She had suffered severely for two days. I picked some common plantain leaves, plantago major, made an infusion, wrung out hot cloths and applied, relieving the pain in a very short time. Plantago is also very useful in diarrhœal troubles and in the form of a cerate for skin diseases attended with an irritating, burning, scalding and itching sensation. Study this plant, it is worth your time.

How often I have used the very common elder flowers in treating erysipelas; in fact, it is my favorite treatment. Just make a tea of the flowers, wet cloths and apply, cover closely with oil silk, also give of the tea liberally as a drink.

The Common Peach Tree.

Pick the leaves, bruise and cover with cold water, give the infusion in teaspoonful doses in cases of vomiting, of pregnancy, gastric irritation in children, in some bilious conditions, etc.

The mother tincture is made from the tender bark of twigs, macerated in 87 per cent. alcohol, used in from 2-5 drop doses in cold water, depends on the hydrocyanic acid contained for its action.

Last summer I made up several pints of tincture of Avena sativa, our common field oats. Gather when in the milk, macerate in 87 per cent. alcohol. I use it in from 5 to 60 m. doses; in the larger doses as a sedative nerve tonic, in alcoholism, morphine, or other drug habits; in smaller doses, as a nerve tonic, it is a very useful remedy.

Verbena Hastata.

About one dram of mother tincture to 2-4 ounces water applied to skin surfaces poisoned by Rhus toxicodendron will, in a large number of cases, relieve and cure; also said to be useful in ¼-½ teaspoonful doses in cases of epilepsy and whooping

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cough. I have never used it in the last named condition.

'Tis but the last few years that the old school has begun to use Cactus grandiflorus generally as a heart remedy. We Homœopaths are familiar with the symptom, "pain in region of heart," "feels as if an iron band were around it," etc. But do we stop to think of the opposite effect, i. e., the physiological action? That we can with this remedy in effect put a band around a weak, relaxed heart.

Cactus grandiflorus to my mind is one of our most useful heart remedies. I say "heart remedy" because that seems to be the most important use found for it to date. We are all more or less familiar with its use in potency in cases, with symptoms of constricting pains in region of heart, with palpitation as above, and how nicely it meets the indication, but I have come to use it more in physiological doses in cases of weak or relaxed heart. In extremes where you wish to prolong life by keeping up the heart's action I depend on Cactus grandiflorus after Strychnia, Digitalis and other powerful heart stimulants have failed. (I use P. D. & Co.'s fluid extract, one part and dilute alcohol three parts, 3 to 15 drops doses, as the strength is always the same.) The most complete article I have read on the action of Cactus grandiflorus you will find written by Dr. W. A. Dewey, in Medical Century, December, 1906.

Solidago Virga Aurea, Golden Rod.

A very useful remedy in conditions of difficult urination, enlarged prostate, incipient albuminuria, etc., is very healing to the urinary tract in small doses, say, 1-5 drops 1x, twice daily, also used in larger doses, say, 10-30 drops, tincture diluted as a preventive of hay fever. This remedy needs more study.

Fraxinus Americana, American Ash.

Said to be useful in hyperplasia of the uterus. I have been unable to find any literature more than the above upon this remedy. I have never made a proving, but have used it in quite a number of cases, and from my observation, clinically, have come to the conclusion that the primary action is upon the portal circulation. The reduction in size of the uterus coming secondarily from the relief of pelvic congestion caused from the sluggish portal circulation. We have another of the ash family, Ptelea trifoliata, or water ash, which is recommended as being indicated in liver troubles characterized by aching pain at root of nose, tongue brownish yellow, atonic state of stomach, feeling of weight in right side, not a pressure like Podophyllum, but a heavy weight. Then we have Xanthoxylum fraxicana, or prickly ash. This species of ash seems to act on the cardiac and solar plexus. When taken in tincture, say, 10 drop doses, it increases the flow of saliva and other digestive fluids, produces a peculiar tingling sensation when touched to the tongue. This species of ash has been in more general use than the other. The old school use it in chronic rheumatism, also as a stomachic tonic. It enters into quite a number of home remedies and will hardly come under the title of this paper, although I mention it in connection with the other species of ash.

The balsams of the fir and Peru are worthy of a more extensive use than they receive. Balsam of fir is very healing and useful in bronchial troubles, also in incipient Bright's disease, catarrhal cystitis, etc.

Balsam of Peru I have used mostly as a dressing on indolent ulcers. Conditions requiring a softening, stimulating effect. Just pour some on aseptic gauze and pack the wound. Change when dry. Try it, it gives good results.

Bovinine, or fresh juice of beef, also is another good dressing in conditions where the tissues require food. Generally speaking, it would not be wise to apply such a dressing on a surface discharging pus freely, but I have used it and had wonderful results.

In inflammatory conditions requiring a soothing application, I have found carrots grated into a pulp very satisfactory, and if your condition is one following some septic process, put on charcoal mixed with enough powdered slippery elm to keep from drying too quickly, wet up with glycerine. Charcoal, you know, is first cousin to carbolic acid, and is one of our best antiseptics.

And so we might mention remedy after remedy and keep within the bounds of "important remedies not widely used." My purpose is not to weary you with mention of a large number, but to emphasize the fact that it might pay us to pause and study some remedies at present nearly if not quite discarded by the profession as a whole.

You may criticise my paper as not being sufficiently homœopathic to read before this State Society, if so, I accept the criticism, and reply that these are only suggestions to be worked out in each case if thought worthy. We try to cure diseased conditions by restoring that harmony in our inner life that our Creator put there. We use plants as remedies because of the similarity or harmony that exists between their nature and the condition at hand. If that be true, then why pass by our common plants that grow in the same surroundings that we live in. Other things being equal, we would expect them to have more in common or in harmony with our common diseases than foreign plants. In applying them we, as Homœopaths, will use them according to their adaption to the condition to be treated, and if we choose to give physiological doses when we want physiological action, I for one do not consider that I am any the less Homœopath for so doing. There are conditions that need more than medicine, but whatever the treatment it must, if successful, restore the harmony that has been lost, and quite often this can be done by common, simple means.

I plead for a closer study of the common things of life only too often passed by. [Read before the 52d annual session Illinois Homœopathic Medical Association, Sherman House, Chicago, Ill., May 16, 1907.]

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A PECULIAR CASE.

BY J. M. FULTON, M. D., AUDUBON, IA.

C. McL., æt. 14, always of a nervous disposition and has always suffered from nocturnal encuresis.

During October, 1906, he accidentally stepped from a wagon, injuring the bones of the pelvis. A weight was attached to the leg on the side of the injury, and he seemingly made a good recovery. After a time, however, before the first of the year, the pulse began to beat rapidly, 100 to 140 per minute, and the eyes began to bulge, the thyroid gland not being changed in any way. A number of physicians saw him, and all diagnosed the case as exophthalmic goitre, as no doubt it is.

I saw him on February 21, 1907, with all the above symptoms aggravated, also eversion of the left eyelid. Very great pain in frontal and temporal bones, which are greatly distended, along with the distention of the eyes.

Added to these symptoms was the loss of power in both lower extremities, involving both micturition and defecation.

At about this time Doctor George Royal, of Des Moines, saw the case with me. Ferrum phosphoricum, Belladonna and Thyroidin 3x have been the remedies he has taken since I saw him, and which have reduced the inflammatory condition very much, and the head and eyes are not swollen nearly so much. He has also had along with the indicated remedies the application of the galvanic and Faradic current, two and three times a week.

The most troublesome condition now is the paresis. There is both loss of sensation and motion. Appetite is good, but enemas must be given to cause the bowels to move. The urine has been examined but it only contained an excess of earthy phosphates. He has no pain now.

OUR PROPAGANDISTIC WORK.

A good New England Homœopath writes us as follows:

"One reason that I am so enthusiastic in the line of propagandistic literature is the manner in which I became a Homœopath myself. I was raised in the allopathic fold and very nearly went to an allopathic college. One day one of my old teachers spoke to me about Homœopathy and told me the benefit he had derived from this treatment. I then cast about me to find out what Homœopathy was. I wrote to Halseys, who then had the pharmacy in Detroit. They mailed me back some little pamphlets that gave me the merest smattering of what I wanted to know. Finally my friend supplied me with Johnson's Domestic Homœopathic Guide, and I got a few of the remedies. It was the old, old story of 'fools rushing in where angels fear to tread.' I prescribed for quite a number of old chronics who had failed to improve under allopathic treatment, and I was more surprised than they were at the nice cures I made. Well, it naturally made me a very firm believer in Homœopathy, and I have always lamented that there was not more steady endeavor to enlighten the people what Homœopathy could do for them. I would not allow myself, however, to become bigoted. So I studied allopathic methods and tried them, but invariably found them wanting except in those cases where they had stumbled on to the homœopathic remedy. While interne in Cook County Hospital, Chicago, I was able to compare results of the Homœopathic, eclectic and allopathic treatment. The result was to make me a still stronger Homœopath.

"I have seen much of the good that has been done by the old doctors of Homœopathy here in New England. The knowledge given to mothers in raising their families and the effects of a few remedies kept on hand for colds, etc., has made thousands of firm adherents to Homœopathy through here. Now the allopaths are diligently telling the people that Homœopathy is dying out while we stand idly by. We must continue to instruct the new generations continuously what benefit there is in Homœopathy for them both as a curative and a preventive treatment. I am well satisfied that allopathic practice, muddled as it is in the maze of pharmacy products and specifics, kills more than it cures when they resort to internal medicine. Even they themselves admit it, but they have not got the moral courage to educate the people to that fact. On the other hand, it is our duty to keep continuously educating the people to the value of our system, not as a matter of improving our own practice, but as a great blessing to humanity."

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A fine clientele in a 10,000 population Indiana town with excellent surrounding country. Office fitted up with modern appliances, electrical apparatus, etc. There is also a sanatarium in connection. It may be had with or without sanatarium on reasonable terms.

Address,
R. A., care of Medical Century.

Dr. Henry V. Broeser has removed his office and residence to 628 Hudson street, Hoboken, N. J.

Owing to the largely surgical nature of this issue of the Medical Century and the length of Dr. Monroe's excellent study of Sulphur, we decided, rather than divide the latter, to skip a month and place it in the October issue in its entirety. It will not spoil by keeping.

Dr. E. H. Pratt's free surgical clinic at Hering Medical College on the three days of September 24th, 25th and 26th promises to be an attractive feature. Dean Dr. H. C. Allen also informs us that the Illinois Board of Health has inspected Hering and that it is in good standing before that body.

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Materia Medica.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

The Ganglionics. The Venous Hyperæmics. Sulphur.

The functions and nutrition of the body is carried on in health by the harmonious action of the two great nervous systems, the cerebro-spinal and the ganglionic.

Their functions are interdependent, and dovetail into each other. In few words, the cerebro-spinal is the nervous system of conscious life, and the ganglionic that of unconscious or negative life. The former presides over all voluntary life, while the latter superintends the nutrition of the body, is the watch-dog of the vital treasury.

The cerebro-spinal is the one we use when we talk or walk or eat or drink, laugh or cry, blush or turn pale, when we commit sin, or when we do good deeds.

The one we use when we grasp our food, put it in our mouth, masticate it and swallow it, but the moment it passes into the œsophagus it passes beyond the realm of our thought or control.

It then undergoes gastric and intestinal digestion, pours into the blood, and is appropriated where it will do the most good. This work is all done by the ganglionic negative or sympathetic system. This system controls also the functions of respiration, circulation and excretion.

This is the nervous system that keeps our hearts beating and our lungs breathing throughout sleep, whether natural or proceeded by an anæsthetic or drug.

Waking or sleeping, this silent agent is constantly on guard, and the wonderful work always goes bravely on.

Hence it is plain that to the "ganglionic centrics" the drugs that concentrate their action upon the negative system we must look for help in the deep-seated distempers that affect the body.

For striking as they do at the very citadel of life, tending as they do to disturb the harmonious action of the vital organs, nay, even to destroying them, they must perforce be homœopathic to the diseases that tend downward and deathward, that inaugurate perverted or destructive tissue changes, changes that show no tendency toward spontaneous recovery.

So these "ganglionics" are the drugs constantly called for in the treatment of chronic diseases. The class of diseases that Hahnemann first, and his most worthy following since, have built up their most enduring claims to fame. These weighty considerations make it imperative that our best study and thought should be devoted to this class of drugs.

The Venous Hyperæmics.

There is an important group of ganglionics and a few cerebro-spinal drugs which show their action most prominently by producing marked congestion of the venous system. Many of these drugs are "clinical cronies," and by treating them as a class we are enabled to conveniently make a comparative study of them. The king of this group is Sulphur, the great antipsoric, the hero of a thousand symptoms, who, by his own hand or by his subtle power of spurring others on to victory, has been the silent and unpretentious hero of many hard fought battles.

Sulphur and Its Greatest Analogues and Complements.

Sulphur is the king of the materia medica. It may be indicated in any stage of any disease, acute or chronic. Its pathogenesis gives us more symptoms than that of any other drug. It has no inimicals, but is more or less analogous or complimentary to most of the drugs in our materia medica. Hence it is somewhat difficult to draw a compact and cohesive picture of the drug, without being prolix, so it will be my plan to give first a description of the patient and then of his diseases, and conclude by going quite extensively into its most important drug relationship.

Sulphur. { King Polychrest.
King Ganglionic.
Key Venous Engorgement.
Chronic Diseases and Acute Diseases on Chronic Soil.
Defective Reaction (Psorinum).

FOOTNOTE.—The three remaining important fever analogues of Aconite, Arsenicum, Ferrum phosphoricum and Sulphur will be studied comprehensively in the proper place.

Other cerebro-spinal centres will be studied in family and clinical groups, and during comparative study many of these may be indicated in febrile conditions, but not often in acute inflammatory conditions, such as call for Aconite, Belladonna, Bryonia, Gelsemium, Veratrum viride, Rhus toxicodendron, Arsenicum and Ferrum phosphoricum.

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Analogues.

Sympathetic	Nux.	
Circulatory	Aconite, Sepia, Carbo Vegetabilis,	Aloe, Calcarea Carbonica, Lycopodium.
Compliment	Aloe.	
Mixed	Secale, Ustilago, Lachesis.	
Glands	The Mercurys, The Iodide, Carbo Animalis,	Phytolacca, Calcarea Phosphorica, Silicea.
Antipsorics	Arsenicum, Mercurius,	Psorinum, Silicea Hepar Sulphur.
Skin	Petroleum, Sepia, Graphites, Natrum Muriaticum,	Mercurius, Arsenicum, Calcarea Carbonica, Psorinum.

The Patient.

The typhical Sulphur patient is a person of marked individuality, with distinctive peculiarities of body and mind. Mentally, he is quick in action when aroused, at other times sluggish. He is born with a diathesis, or has acquired a cachexia, and he is either the victim of some chronic ailment or has acute ailments engrafted upon chronic soil. He is generally, so tradition says, philosophical, and is argumentative in disposition, shows an intense solicitude regarding his own salvation, though somewhat indifferent as to the future state of his friends, evincing a selfish disposition, which exhibits itself in other ways besides. When mentally unbalanced by acute disease or insanity, he is grandiloquent and imaginative; if a woman, though clothed in the veriest rags, she imagines she is arrayed in silk and satin.

The Sulphur patient is the subject of a chronic hyperæmia of the venous capillaries, giving a passivity and torpidity to all of his diseases. He is of coarse fibre throughout, his skin is thick and wrinkled and generally diseased. It is greasy and dirty looking, and subject to all manner of eruptions. The patient has an oldish appearance, even though he is a child, and his walk is stooping. He craves stimulants, and is temporarily better from their use as he is from all tonic influences. But he prefers the coarser brands of liquor, and would not be apt to go to ruin by drinking champagne on a beer income. He perspires freely and easily, and his perspiration has an offensive odor; all the secretions of the body are offensive and excoriating, so that in the Sulphur diarrhœa the borders at the anus are red and sore, and the odor of the stool clings to the patient constantly. If he has a coryza it makes the nose and upper lip sore. If she has leucorrhœa it excoriates the vulva and thighs, making walking painful. Throughout all his diseases there is a torpidity and lack of reactive force, that the physician learns to detect as if by intuition.

I have described the Sulphur patient thus fully because his personnel is often the prime means of pointing out the drug, when indicated, not only as the principal agent in the cure of disease but also as an intercurrent, for the drug is reported to stimulate the healing powers of nature as well as of other drugs.

The Diseases of the Sulphur Patient.

The Sulphur patient is subject to many and various diseases which present a more or less chronic tendency, besides the peculiarities of the patient himself. There are many physical symptoms which are highly characteristic of the drug. The following are perhaps the most prominent:

1. Heat of all of the five ends of the body. There is a hot spot on the (1) vertex, and heat and burning of the (2 and 3) palms of the hands and (4 and 5) soles of the feet, and patients are often persistent in refusing to allow the feet to be covered.

2. The patient is subject to early morning diarrhœa with the following characteristics: Patient is aroused by the desire and must hasten to relieve himself or the clothing will inevitably be soiled. This diarrhœa, like many of the other Sulphur diseases, is asociated with cramp in calves and soles of the feet. The stools are characteristically changeable, each one varying from the last in color and consistency. The stools are excoriating, and their odor clings to the patient; they are associated with tenesmus, which is relieved by the stool.

3. Flushes of heat appearing as a nervous symptom, especially at the menopause. These flushes appear characteristicaly at 11 A. M., and are associated with canine hunger and weakness in the epigastrium.

4. Abdominal plethora exhibiting itself in piles and uterine congestion of a passive venous sort. The piles are accompanied by burning and itching, and, like all the Sulphur patient's troubles, are made worse by washing.

5. Eruptions, which are dry, accompanied by intense itching, worse from washing and in wet weather. The eruptions emit an offensive odor. The drug is also valuable in the treatment of suppressed eruptions, especially after other drugs have failed to restore the eruption. Sulphur skin symptoms. Hahnemann's theory in connection with the skin symptoms of Sulphur, or rather those which precede the Sulphur condition (which is no doubt partly true), was that the chronic tendency and defective reaction found in the Sulphur patient, was due to the suppression of diseases by local treatment, producing a condition of chronic vital depression, with a tendency to skin and glandular troubles, which he called psora, and we call by the comprehensive name of scrofula, so that according to Hahnemann's opinion the drugs which seemed especially suitable to this condition were Sulphur, Psorinum, Arsenicum, Mercurius, Silicea and Hepar sulphur; this group of drugs, with Sulphur standing easily at the head, is known as the antipsorics. The student must also understand that the patient may have been himself the victim of such suppression or he may have inherited the tendency of some near or remote ancestor from a similar cause.

6. The Sulphur fever. The Sulphur fever is generally engrafted upon a diathesis and the drug is indicated in every variety of fever when the indicated drug has failed to act and there are well marked signs of defective reaction.

The fever symptoms of Sulphur are much like those of Aconite and the two drugs are closely analogous, pathologically and clinically; for Sul-

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phur bears the same relation to the venous capillaries as Aconite to the arterial capillaries, indeed Sulphur is often called the chronic Aconite, and is indicated in Aconite fevers, which, in spite of the exhibition of Aconite, continue unchanged.

7. Glandular symptoms. The Sulphur patient is generally the subject of lymphatic as well as venous congestion, and the lymphatic circulation is slow and the vessels are filled with impurities, so that the glands which dot their course are subject to enlargements. These enlargements may go on to inflammation, but are generally chronic in character, the glands become indurated, but there is no tendency to resolution or suppuration. The large lymphatic glands, the cervical, the axillary and the inguinal, are the ones most apt to be affected. These enlargements may appear idiopathically, but more frequently occur as the complication of some other disease.

General Action of the Drug.

A few thoughts devoted to a further elucidation of the general action of Sulphur before beginning its comparative study.

Anatomically, it acts upon the ganglionic nervous system and indirectly thereby upon the venules or venous capillaries, acting physiologically as a vaso-motor depressant, producing a sort of torpid over-nutrition, stimulating a chronic state of inflammation. By it the blood is rendered thick through the addition of white corpuscles, and that, with its mechanical effect upon the circulation and its chemical effect upon nutrition, explains most of Sulphur's symptoms.

His pulse is a few beats faster than natural, caused by nature's effort to counteract the tendency to venous congestion.

The chronic effect of this vascular condition is to harden and thicken more vascular tissue, and that combined with the free distribution of white corpuscles produces a tendency towards suppurative troubles, as boils, ulcers, impetigo, etc.

The skin is thick and vascular, the nose red, the face greasy, the hair oily, the lips and other mucous membranes are bright red, forming a striking contrast to the skin, while on the skin itself the effect is to produce all manner of eruptions, pustules, boils, ulcers and the other evidences of physiological over-action.

Its effect upon the mucous membranes, which are even more vascular than the skin, is quite as decided, differing in manifestation just as the texture of the two tissues differ.

The patient is apt to have catarrh of one or all mucous membranes, the secretions being profuse and acrid, and exhibiting a tendency to become chronic and to ulcerate.

In the highly vascular centre of life, the brain, we have a tendency to chronic venous hyperæmia, or in acute conditions an over-nutrition, indicated by excitement and an over-wrought imagination, giving us the singing, dancing, making much over trifles, and like symptoms so familiar to the homœopathic physician. This venous congestion shows itself also in sexual excitement, and can be explained as well by local hyperæmia, as by excitement of brain and nervous system, differing in this respect from the similar condition as found under Hyoscyamus and Phosphorus, when the condition is caused by direct effect upon the brain and spinal cord.

The Sulphur patient's fondness for stimulants arises from their power of assisting the venous circulation; this they do by relaxing and flushing the arterial capillaries.

Aggravations and Ameliorations.

Sulphur and the other venous hyperæmics show aggravations from all things that tend to retard the venous circulation, as standing, hot weather, ascending, etc. Amelioration from all things tending to improve venous circulation, as stimulants, cold weather, moderate exercise, etc.

Analogues.

The nearest symptomatic or clinical analogue that Sulphur has is Nux vomica, which, although a cerebro-spinal drug, has often to be differentiated in the treatment of acute diseases.

Perhaps no two drugs in the materia medica follow each other oftener than Nux vomica and Sulphur, and many of their symptoms seem to be quite similar, but to the close observer it is rarely very difficult to decide between them. The Sulphur symptoms start from the ganglionic system, the Nux from the cerebro-spinal, and though they both produce congestion of the venous capillaries, the Sulphur congestion is regular and constant like a steady flame, that of Nux is unsteady and irregular, and afterwards with anæmia of the part; it is besides generally traceable to some antecedent nervous influence. So all through the symptoms of the two drugs runs this difference.

The Nux symptoms being spasmodic, changeable, flickering, more violent, the Sulphur regular, torpid and less violent.

So the Nux patient is quick, impetuous, impressionable, the Sulphur patient dull, torpid, heavy.

The Sulphur patient generally has a red face, always portal congestion, always a general tendency towards venous stasis.

The Nux patient has a red face from nervous influences, portal congestion from any dietetic indiscretion, and venous stasis from some recent cause easily traceable.

The Sulphur patient has gone, weak feelings, but does not faint; if the Nux patient is sick or nauseated he gets very pale and is apt to faint.

As I said before the Sulphur patient is rather phlegmatic or lymphatic in disposition, but the Nux patient is upset by little things, as strong smells, bad food, noise, light, over-eating, excessive venery, overwork, especially mental.

The Sulphur patient has had his state of system for a long time, may have been born with it; the Nux patient has made himself what he is by his mode of life, he is a club man, or she is a fashionable woman, he eats imprudently or too much or too rich food, or at improper times, uses liquor or tobacco to excess, keeps late hours, does not exercise enough, keeps his apartments too warm, belongs to

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the higher classes and leads their artificial life; the Sulphur patient belongs to a lower state, and lives a different sort of unhygienic life. Of course, all of this is only approximately so, but will seem to make a typical differentiation in your minds. The Sulphur symptoms are generally chronic, but when acute are engrafted upon chronic soil.

The Nux symptoms are always acute in manifestations, even when associated with a chronic trouble.

As Sulphur is well named the chronic Aconite when compared with that drug in the treatment of febrile diseases, it may in diseases in which fever is not a prominent symptom as well be named the chronic Nux, for reasons which by this time must be sufficiently apparent.

Circulatory Analogues.

Aconite bears the same relation to the arterial capillaries as Sulphur to the venules, and Sulphur often follows it in the treatment of the typical synochial fever which is not affected by the exhibition of Aconite.

Aloe socotrino is the nearest analogue of Sulphur and its complement. The effects of the two drugs in producing venous engorgement of the portal and genrative system being very similar, both having the abdominal plethora.

The Aloe hyperæmia is more acute, and there are absent the ear marks of the Sulphur patient.

The Aloe morning diarrhœa is preceded by a gurgling, as though water were running out of a bottle is associated with a good appetite and much flatus, which is discharged with the stool.

The Aloe hæmorrhoids protrude after stool, are more acute and painful than the Sulphur hæmorrhoids. They are also better from cold washing, while those of Sulphur like its other troubles, are worse from washing.

Sepia succus. The most prominent vascular analogue of Sulphur in chronic conditions is more closely related to it in its uterine plethora is Sepia, while Aloe is in its portal plethora.

The Sepia patient like the Nux patient has very much more sensual hyperæmia than the Sulphur patient, and is quickly and violently affected by strong odors, bright light, noise and by contact, in short, by all impressions upon the special senses. If a female, she is delicate, dyspeptic and depressed. She may be beautiful and graceful, but so delicately poised that her vascular harmony is easily disturbed, hence sensorial impressions or emotions produce hot flashes and other nervous sypmtoms. There is always associated a tendency to sweat.

The Sulphur patient's face is red most of the time, while the Sepia patient's is sallow, the flushing speaking from motion, emotions or impressions upon the special senses. Remember also that under Sepia there is always present a relaxed state of the system, with a tendency to a sagging of all of the viscera, and consistently with this thought a prolapsed womb, and a leucorrhœa which is as acrid and corroding as under Sulphur. These differences will be seen to be of great clinical value in deciding between the two drugs, as in other respects their symptoms are very similar, both having the abdominal and uterine plethora, with hot flushes, gone, weak, empty feeling, canine hunger and 11 o'clock aggravation. Remember in closing that the two drugs have many skin symptoms in common, which will appear more fully under Sepia.

Lycopodium.

The Lycopodium patient is more refined in fibre than the Sulphur patient. There is a finer order of intelligence but greater physical weakness. The face is sallow and thin, and there are crow's feet around the eyes, he is subject to hepatic, abdominal and pulmonary diseases.

The venous hyperæmia of the Lycopodium patient is exhibited only in the purely vegetative sphere and in acute diseases, and is associated with marked debility.

There is generally acompanying the Lycopodium acute diseases, a marked dyspnœa, denoted by the flapping of the alæ nasi, and there is also generally present marked tympanitis. So that the lungs seem to crave air, while the bowels have it to spare.

The urinary symptoms of Lycopodium are most characteristic, the urine having a strong odor like that of a horse, and depositing characteristically a brick-dust sediment, and all of the secretions of the Lycopodium patient taste and smell sour.

The brick-dust sediment is a symptom of hepatic disease, and the drug must be associated with Sulphur in hepatic and alimentary diseases especially.

Carbo vegetabilis.

This drug is suited to the disease that are engrafted upon a condition of venous stasis involving the whole system. The stasis is not of the venous capillaries as under Sulphur, but of the larger and largest vessels.

This condition is indicative of great physical depression, a sort of paretic state of the sympathetic system.

The skin is pale and cool, and the distended blue veins are seen beneath the surface. The condition may even be one of collapse with cold beneath, cold sweat, feeble pulse and great dyspnœa. This is not the collapse that comes at the beginning of shock as an acute state but such as one would find at the end of an acute debilitating disease, or in the diseases of old people. The drug acts profoundly and depressingly upon the sympathetic system. It is not apt to be confounded with Sulphur; in the differentiation one must not forget the several characteristic symptoms of the drug, some or all of which are generally present to help point it out. "as the desire to be fanned," "the excessive gastric flatulence with atonic dyspepsia, the putridity of discharges, the low catarrhal condition of mucous membrane with profuse discharge."

Calcarea carbonica.

Aconite generally grows on soil that contains iron, and we have remarked upon its similarity to Ferrum phosphoricum in febrile conditions. Belladonna generally grows on soil rich in lime, so that we notice that there is a strong similarity between Belladonna and Calcarea carbonicea in symptomatology. Most of the Calcarea symptoms being chronic Belladonna symptoms and most of the Bella-

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donna symptoms being acute Calcarea symptoms.

So that its relation in circulatory states is to Belladonna like the relation of Aconite to Sulphur.

The Calcarea patient is recognized by her personnel. She is fat, fair and flabby, or if a child, it is fat, fair and pot-bellied, and has some tendency to glandular troubles or brain troubles or defective bony or fibrous growth. The differentiation must come largely in the treatment of plethoric women, especially at the climacteric. The Calcarea woman is fat but flabby, and the texture of her tissue is soft and loose. She is plethoric but anæmic, her blood vessels are filled, but her blood abounds in white corpuscles, and is lacking in nutritive qualities owing to defective secondary assimilation. She generally shows some tendency to glandular enlargement. She has hot flushes alternating with chalky, pale face.

As general characteristics we have the fear of insanity, chronically loose bowels, the actions being painless, and a tendency to sour smelling sweat.

The surface of her body is generally moist, and she feels as though she had on damp stockings. This moisture of the skin is analogous to the pungent, moist skin of Belladonna.

Mixed Analogues.

I have classed Lachesis, Secale and Ustilago as "mixed" analogues of Sulphur, because they are somewhat like Sulphur in vascular symptoms, and have some symptoms in common.

They all have the venous hyperæmia, but with them it is due not only to nervous influences.

With Lachesis it is due to the decomposing and disintegrating effects produced by the poison upon the blood, altering its fluidity and circulating qualities, and causing the serous portions to extravasate into the tissues. So Lachesis is indicated in conditions where œdema and septic symptoms are prominent.

It has hot flushes like Sulphur, especially at the climacteric. This like all the Lachesis symptoms is accompanied by the cutaneous hyperæsthesia, which is shown by the intolerance of all pressure, the patient wants to loosen the waist-band and collar, and is worse after sleep.

Lachesis

Is a left-sided remedy, and is indicated in tonsillitis and erysipelas by the purplish, œdematous swelling, while that of Sulphur is red.

Secale and Ustilago

Cause venous hyperæmia by their constricting effect upon the circular muscles of the small arteries, and their vascular effects tend towards the destruction of tissues by cutting off their arterial supply; hence the differentiation of Sulphur which is a nutrition perverter and not a nutrition destroyer, is rarely difficult.

They are indicated, too, in a vastly different class of cases as will be obvious to the thinking student.

Gland and skin analogues. As will be seen, the other antipsorics, so-called, are included in the skin and gland analogues of Sulphur.

So beside their general action it may be truthfully stated that they present like Sulphur the "defective reaction" in all diseases; all but Psorinum having this symptom or rather condition less marked than Sulphur. The latter being in all of its symptoms an intensified Sulphur. It has in its pathogenesis "no tendency to reaction in all diseases," this symptom even being shared by the mind. If the patient is an adult, the subject being the victim of a settled, hopeless melancholia, which is constant, regular and continuous.

The skin and gland analogues of Sulphur include the principal drugs to be used in psora (scrofula) and all chronic complaints involving either, hence I find for the sake of convenience and brevity that it is best to put them down in tabulated form, beginning with Sulphur to make the table complete, even though involving some repetition. Repetition, however, of big sign boards that hang out side for the identification of the Sulphur patient.

Chronic Skin and Gland Remedies.

Sulphur.

Chronic eruptions and glandular enlargements in the Sulphur patient.

The glands are indurated and show no tendency to resolution or suppuration. The skin eruptions are dry and itch they crack easily and emit an offensive odor. These skin and gland symptoms often follow one of the exanthemata, and especially may follow suppressed or poorly developed eruptions.

The glandular inflammations of Sulphur affect the sympathetics and the skin glands the sebaceous or sudorific more especially.

Psorinum.

Gland and skin symptoms in scrofulous and rachitic children. These troubles are chronic, and get neither better nor worse, and are accompanied by offensive sweat or secretion, and perhaps a chronic diarrhœa. Patient looks bad, smells bad and feels bad.

Iodine and the Iodides.

Iodine and the Iodides of mercury, Arsenic and Calcarea are our sheet-anchors in the chronic skin troubles of the race, where emaciation and some form of septic infection are present.

Under Iodine we have as the principal symptom emaciation with ravenous appetite, showing that the drug attacks the lymphatic system from the lacteals out. The glandular enlargements are indurated and chronic. Besides these Iodine symptoms we have in the Mercurius iodide, Biniodide and Prot. iodide a history of syphilitic infection with skin eruptions that do not itch, sweat that does not relieve, and aggravation from wet weather.

In the Arsenicum iodide an intensified Iodide condition with even more rapid emaciation, mental and physical unrest and an eczema that burns and itches constantly.

The Arsenicum iodide state of skin and gland may complicate some acute disease as typhoid fever or erysipelas, or even septicæmia, puerperal or surgical.

In the Calcarea iodide a combination of Calcarea and Iodine symptoms, though the defective secondary assimilation under both drugs is so much alike

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that many would prescribe either the Calcarea or Iodine, when the combination is more decidedly indicated.

If the patient is a Calcarea one and the glandular symptoms are those of Iodine, the Calcarea iodide is exceedingly well indicated the coloring of the patient would of necessity have little bearing upon your discussion as the Calcarea patient is a blonde and the Iodide patient a brunette.

Carbo animalis. Glandular enlargements that are indurated and have burning pains, especially enlargements of the axillary glands with mammary cancers.

Calcarea phosphorica.

Glandular enlargements and eczema in children with defective bone development and cholera infantum. Both fontanelles are open, and the patient craves salt food.

Phytolacca.

Indurated, non-suppurating glandular enlargements after syphilis or Mercury or both (Kali iodide). Enlargements in axillary glands with mammary abscesses.

Silicea.

Suppurating glands that show no tendency to heal (see Calcarea sulphur) and unhealthy skin. Every scratch or cut suppurates (also Sulphur, Hepar, Petroleum, Graphites and Phosphorus).

Hepar sulphur.

Inflammation of glands with sticking pains, slow suppuration. The drug will hasten the process, also eczema which exfoliate dry scales and are worse in the open air. The eruptions emit an odor lke old cheese and are surrounded by small pimples.

Petroleum.

Enlarged glands with eczema, presenting fissures and pustules upon their surface. The Petroleum eczema s principally behind the ears. The most characteristic symptom of Petroleum is one that is present in most diseases, "a confusion and lapse of memory as to locality." Patient loses his place in familiar localities. This symptom is generally present when the drug is indicated.

Graphites.

Eczemas in fat blondes, that emit when scratched, a sticky, gluey secretion. There is an unhealthy skin throughout, chilliness is always present and the patient is generally constipated.

Sepia.

Eczemas that appear upon the dorsal surfaces of the fingers and are accompanied by Sepia symptoms.

Calcarea carbonica.

Eczema and all forms of skin eruptions that appear in fat, flabby. chalky people, worse from washing. The Calcarea skin is tender and unhealthy and chafes whenever subjected to friction.

Natrum muriaticum.

Eruptions in bends of knees and elbows, along the border of the hair there is a gluey discharge that mats the hair together. The skin is wrinkled and unhealthy throughout. It is brittle and cracks when distended, so we have fissures at the corners of the eyes and mouth and in the rectum; great thirst for great quantities.

The study of Sulphur has been necessarily so long that the beginner or even the young practitioner is apt to be left with a confused incoherent mass of symptoms in his mind, hence even though involving some repetition, I consider a synopsis of its clinical use indispensable.

Synopsis.

The patient. Wrinkled, coarse, pimply, rough skin, patient stoops, looks old, is philosophical and argumentative, has mania de grandeur, and craves stimulants.

Characteristics. Diseases acute or chronic engrafted upon a diathesis or cachexia, characterized by torpor and slow or defective reaction, and accompanied by a general tendency to venous hyperæmia.

All secretions and excretions are offensive and corroding, producing soreness of all orifices, and chafing between the thighs, and wherever there is friction.

Heat and burning of all of the five extremes of the body, soles, palms and vertex.

Inflammations are chronic and result in induration and thickening of the affected tissues.

Hot flushes at 11 A. M., accompanied by canine hunger and gone, weak feeling in the epigastrium.

Enlarged glands that are at a stand still, they are indurated and tend neither to suppuration nor resolution.

Morning diarrhœa. Rushing patient out of bed, accompanied by cramps in calves and soles, stools are changeable, and anus sore, odor of stool clings to patient. (Morning diarrhœas compare: Aloe, Bryonia, Rumex, Podophyllum and Natrum sulphuricum.)

Skin diseases. Eruption dry, skin cracked, worse from scratching and washing.

Hæmorrhoids which bleed, burn and itch and are worse from washing.

Aggravation from standing, at night, from ascending, from atonic influences.

Amelioration. Stimulants and other tonic influences.

Acrostic Resume.

F—Face wrinkled, red.
L—Likes beer.
Lazy.
Legs cramp.
Long.
Lasting diseases.
O—Ophthalmia.
W—Weekly headaches (Iris).
E—Early morning diarrhœa (Aloe, Bryonia, Podophyllum, Rumex and Natrum sulphuricum).
Excretions acrid (Mercurius corrosivus, Nitric acid, Kreosotum, Psorinum.)
R—Red mucous membranes.
S—Skin eruptions (Graphites, Hepar arsenicum, Petrolatum, Cantharides, Sepia).
O—Old looking patient.

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F—Flushes of heat, Bryonia, Lycopodium, Sepia, Lachesis, Natrum muriaticum, Sulphuric acid.
S—Sleepy day, wakeful night (Nux).
Standing aggravates.
Stoops.
U—Undue exertion aggravates.
L—Light exertion ameliorates.
P—Philosophical and imaginative.
H—Hæmorrhoids (Nux, Aloe, Aesculus).
Hot hands, feet and vertex.
Uterine hyperæmia (Aloe, Sepia).
R—Rouses.
Retarded.
Reaction and
Renews.
Repercussed eruptions.

Neurology.

BRIEF REPORT OF FOUR CASES OF HUNTINGDON'S CHOREA.

BY GEORGE F. BREWSTER, M. D., MIDDLETOWN, N. Y.

The following are brief abstracts of four cases of Huntingdon's chorea at present in the Middletown State Homœopathic Hospital, and are presented by the permission of Dr. Ashley, the medical superintendent.

Some authorities state that this is a rare disease, yet cases are found in almost every large institution for the insane or feeble-minded.

Degenerative chorea is a chronic disease of slow and progressive course. In most cases the disease is hereditary, almost always appearing in adult life. The onset of the illness is characterized by well marked choreic movements, and with disturbances in the psychical sphere, ranging from mild deterioration to complete dementia. We have been able to obtain a history of heredity in three of our cases. In two of them the heredity was traced through two generations, in the first case the heredity being in the maternal branch, and in the second in the paternal side of the house. Although heredity is supposed to be a very constant factor, in one of the cases (the third) careful inquiry of the patient's daughter, an intelligent person, failed to bring out any history of the disease in the family, yet the symptoms which the patient exhibits appear to be quite typical of Huntingdon's chorea.

The first case is that of a married woman of 29 years of age. The maternal grandmother had chorea late in life, the details of which are lacking. The mother had chorea which developed at the age of 33 years, and from which it is said she died. It is said that she had no control of the muscles of the limbs or of speech, and marked "twitching" of the head was observed. Six months before death could not seem to remember things, or to be able to think of things. A sister of the patient suffered from the same disease, which developed at the age of 25 years. This patient in childhood had outbreaks of temper, when she would scream and throw things about the house, but would recover herself rather quickly. She had chlorosis at the time of puberty. She worked as a domestic, but because of her irritable disposition, her employers could not get along with her, and she changed places frequently. She married at the age of 17 an ill-tempered, and, at times, brutal man. Two years and five months previous to admission had an attack of typhoid fever, during convalescence from which the shaking of the head, followed gradually by twitching of the arms and limbs, was observed, which gradually grew worse. After recovery from the typhoid it was noticed that patient's judgment was becoming poor, also outbreaks of irritability were frequent. In August, 1906, attempted suicide by taking Paris green.

On admission here, February 15, 1907, patient complained of a feeling of weakness. She exhibited irregular movements of the muscles of the face and of the head with grimaces and posturing. The gait was unsteady and shambling. The patient complained of pains in the hips when she walked. The deep reflexes were all markedly exaggerated. She was seven months advanced in pregnancy. Mentally, the patient adapted herself fairly well to her surroundings. Her speech, however, was characteristically jerky. The principal abnormal symptoms which she presented were memory defects, the patient stating that formerly her memory was good, but that now she was becoming so forgetful.

The diagnosis of Huntingdon's chorea was based upon the family history, the onset of the choreic symptoms late in life, the disturbance in speech, the peculiar grimaces, the unsteady gait, with the progressing memory defect. Since being here the irregular movements of the limbs and of the head, together with the grimaces, have become more prominent. The patient has at times been unable to walk without assistance, at other times she has fallen down. She has had several outbursts of uncontrollable temper.

The next case is a married womon of 38 years. The patient's paternal grandmother, it was said, "had a tremor all over the body for months before her death." The patient's father died in an insane asylum in Washington, D. C. He was afflicted similarly to the patient, and attributed his "shaking" to exposure in the Civil War. We know very little regarding the family and personal history of this case. She was admitted to the hospital from the New Paltz Almshouse, as was the previous case. Dr. Loughran, of Kingston, informs us that the chorea came on after a severe beating from her husband. The age at onset was not obtained. Previous to this she was healthy. It is said that these beatings were very common.

The principal mental symptoms before admission were that the patient was irritable and at times violent, threatening to kill the attendants. She mumbled to herself a good deal, and could not give intelligent answers.

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On admission she was found to be well nourished,

and presented marked irregular movements of the face, arms, trunks and legs, and was scarcely able to walk. She was able to hold out either hand relatively better than both at once. The knee jerks were equally lively and slightly exaggerated. She could not fix her eyes satisfactorily, the eyes winking and tending to look down. She swayed as she walked, moving only a short forward stride with the right foot, then bringing the left foot up even. Mentally, she made no attempt to express herself, and took no considerable interest in her surroundings, although she told the time, also when she was born, and where she went to school. She realized where she was, but called the nurse by a fictitious name, yet said that she (nurse) was "boss of the house."

Since her admission on August 14, 1905, the choreic movements have gradually grown worse, and she has become more demented. She has frequently fallen when up and about, and at times has burned herself by coming in contact with the radiator. She has been especially wakeful and restless at night. Of late she has had a ravenous appetite. Her speech is now so effected that she cannot be understood.

The diagnosis of Huntingdon's chorea was made on the family history of heredity, the characteristic, irregular movements, the grimaces and posturing and the speech defect, together with increasing dementia.

The third case is a married woman, aged 47 years, who was admitted here on April 4, 1907. In this case we were unable to obtain any family history of chorea. In regard to the personal history there is nothing of very much importance. The patient was a dressmaker until she married at 25. She left her husband about ten years ago because of his intemperance and brutality. Has one healthy child, a girl of 21. Four years ago she had an attack of typhoid fever, and during convalescence the choreic movements appeared, and have persisted. At first these movements were confined chiefly to the upper limbs, but shortly the whole body was involved. Since then she has been growing more and more incapable of doing anything because of the jerking, until for many months she has had to be dressed, bathed, et cetera, like a child. For a year and a half she has shown marked indecision, would bother over trivial things. In February, 1906, she had three attacks of what were termed "nervous convulsions." These came on during sleep, resembled a general convulsion, and lasted but a few minutes. Afterward she went to sleep, and awakened at the usual time, tired out, but not knowing that she had had a convulsion. After the last attack she was taken to the Newburgh Home for care and got along nicely there until about six weeks ago, when the fourth convulsion occurred. After this cleared up the first distinct mental symptoms were noticed. She was so suspicious of the people at the home that she was sent to St. Luke's Hospital in Newburgh. There she became nervous, and at times was very fearful, talking a good deal, apparently to herself, but did not explain her conduct. She imagined that she must have a surgical operation performed for punishment.

On admission, physically, she was found to be fairly well nourished. Grotesque choreic movements interfered to some extent with purposeful movements, resulting in twitching, turning, bowing, grimacing and jerking movements. She was unable to stand or walk, could not feed herself, but did what little she could willingly. Deep aud superficial reflexes lively. Complained that her stomach was upset by so much jerking. Mentally, patient took a normal interest in her surroundings, and from time to time showed embarrassment as her memory difficulty became apparent, or she could not help in tests as she wished to do. She talked in a hesitating way, often not to the point, and at times realizing that she wandered along. Choreic jerkings interfered to some extent with articulation. She exhibited no prominent delusional developments or hallucinations, showed some memory defect when examined concerning remote dates. Her retention also was poor. The writing was fairly good for one so jerky, but she was painfully slow about it.

This case seems clear for Huntingdon's chorea, although there is no history of heredity, the choreic symptoms appearing in the forty-second year, have been progressive for four years, with the mild deterioration symptoms. The nature of the convulsive seizures is obscure. The feeble persecutory ideas, which were noticed before admittance, were probably more the result of deterioration than any distinct form of insanity. Since she has been here her condition has not changed to any extent, although of late she has been somewhat more irritable than formerly, and seems somewhat foolish.

The fourth and last case is a female patient, aged 53, married. She has been here twelve years, having been transferred from the Binghamton State Hospital on January 7, 1895. The patient's mother is said to have died of "St. Vitus's dance and exhaustion" at the age of 67 years.

Upon her admission to the institution the patient presented symptoms of rather advanced dementia. talked incoherently at times, imagined that she was Queen Victoria, and had many other absurd delusions. On admission no symptoms of chorea were noted, the patient being regarded as a case of paranoid dementia. Seven years ago the irregular actions of the arms and head were noticed, but in the record they were put down as "mannerisms," These movements, with grimaces, posturing, and at times dancing motions, became quite pronounced. Of late the patient has fallen down a number of times, and on some days is scarcely able to navigate at all. Of the four cases, she is the most advanced in dementia, and probably will soon have to be placed in bed permanently.

THE DIAGNOSIS OF MENTAL DISEASES.

BY DANA F. DOWNING, M. D., ASSISTANT PHYSICIAN IN THE NEWTON NERVINE, WEST NEWTON, MASS.

The question of the importance or unimportance of the diagnosis of disease is an old one. It is a

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question upon which various opinions have been expressed, and every physician is entitled to his own opinion in so far as it does not endanger the life or well-being of his fellowmen.

To physicians of the so-called regular school of practice, the diagnosis of a patient's particular malady is of prime importance. With them the diagnosis must first be made before any effective treatment can be instituted. Klemperer tells us that "a systematic treatment of disease rests upon the recognition of its forms and manifestations." In other words the systematic treatment of disease rests upon diagnosis. "A complete diagnosis includes: (1) The naming of the disease, i. e., its classification or place in some particular group of disease; (2) the recognition of the stage of the disease, peculiarities or complications; (3) the appreciation and estimation of dangers existing or liable to arise."

In the latest and best treatises on practice, as, for example, the splendid work of Osler, the "symptomatic" treatment of disease is more frequently advised than formerly. This fact may be taken to indicate one of the results of homœopathic influence upon old school practice.

The homœopathic school does not deem the "name" of the disease to be of so great importance as the discovery of the similar remedy. Doubtless from the standpoint of speedy and effective therapeutic aid this position is a sound one. We find that regardless of the fact that we do not know the diagnosis, our remedies prescribed according to the external manifestations of the internal morbid process, are strangely potent. Our greatest advantage over our old school brothers, both to ourselves and to our patients, is our ability to commence the active and efficient treatment of a case before a diagnosis can be made out.

It is possible, however, to minimize the importance of diagnosis, and this is the charge that is brought against the followers of Hahnemann. That the charge is more or less just cannot be denied. Although we have among our practitioners men who, as diagnosticians, rank with the best of the older school, still I think perhaps we shall be obliged to admit that, taken as a whole, the homœopathic school is less skillful in diagnosis than the "regular" school.

A rational view of the place of diagnosis in the practice of medicine is coming about in the ranks of both schools. Many old school men are using our remedies in a symptomatic way. Every now and then some one makes a "wonderful discovery" of a remedy "good in small doses" for certain symptoms which turns out to be one of our remedies which has stood the test of a hundred years. These facts go to show that the old school is drifting slowly but surely upon homœopathic ground, and leads me to think that old school physicians are not considering diagnosis as important as formerly. In our own school, diagnosis is taking its proper position. Our medical colleges are giving courses in diagnosis unheard of in former years. New instruments of precision are constantly being used to assist in making the diagnosis. For our own satisfaction, we make the diagnosis if it is possible to do so. We call in consultation physicians of both schools to help us in this regard as well as for advice as to treatment.

As progressive homœopathic physicians, we pride ourselves upon knowing as much of medicine as our old school brother, and, in addition, homœopathic medication. In maintaining ths position we must perfect ourselves in diagnosis, for this is the branch upon whch the greatest emphasis is laid in the older school.

The importance of correct diagnosis in contagious, systemic and other diseases was recognized long before it was thought of in mental disease. A patient was not thought insane unless he became violent, noisy and dangerous. No especial care or treatment was given a man who became sullen and depressed, and would sit around quietly for some months without attempting work. In former time there was a widespread opinion that almost any one, lay or professional, could give an opinion on mental cases without any special training. This idea still prevails in some countries, but the physician who studies the mentally diseased to any considerable extent realizes the difficulties which beset the diagnostician of these cases. The diagnosis of mental conditions is one of the fine arts. The alienist can not discover the pathological condition in the brain or other nervous tissue which will account for the abnormal mental condition of the patient. In every instance the alienist is absolutely dependent for his diagnosis upon the actions, words, general aspect and reflexes of the patient.

Professor Dr. Kraepelin in the introduction to his Lectures on Clinical Psychiatry, speaks of the importance of a correct diagnosis in these words: "In these lectures I have always kept, in the foreground, the diagnostic point of view, as I am convinced of its fundamental importance, not only to our scientific ideas, but also as affecting the advice we shall give in our medical practice, and the methods of treatment to be adopted by us."

The correct diagnosis of a mental case is important from three standpoints. It practically determines the prognosis. It makes all the difference in the world to the patient and his family whether you are able to decide that the disease in hand is not incurable.

Then, too, the diagnosis determines, to a greater or less extent, the kind of treatment the individual is to be given. Depressed states require certain particular measures, exalted states require treatment of a different sort, and mixed states need careful handling according to the individual.

The third standpoint is a sociological one and places a valuation upon diagnosis for the purpose of statistical compilation. Statistics regarding mental cases are valuable to society in a number of ways. They tell us the likelihood of mental disease according to age, occupation, civil condition, sex, degree of education and nativity. By giving us the percentage of mental cases to the entire population statistics help in settling the question as to whether or not insanity is increasing.

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The greatest value of statistics to the practitioner lies in the information which they give regarding the percentage of recoveries to total cases in any given psychosis. The best of statistics, however, are often valueless in the individual case. And no matter how competent you may feel to give a diagnosis, it is always wise to steer a middle course between optimism and pessimism, for we are all acquainted, I am sure, with the incurable case that recovers and the reverse.

It can not be expected that the practitioner, in his busy life of attending to patients with the general diseases, shall be able to acquire the fine points of diagnosis of mental disease. He should make himself familiar, however, with the more common aspects of these diseases. He should not call up the institution and describe a case of melancholia as a "rather nervous case, but not nervous enough to need a special nurse." He should know that in some mental disorders, there may be developed an abnormal temperature; that any patient who becomes mentally depressed, no matter how slightly, may attempt to commit suicide and needs constant watching.

Two cases which will illustrate the desirability of a correct diagnosis and demonstrate to some slight degree the difficulties which must be overcome by the diagnostician, may be of interest.

The first case was a young woman, twenty-eight years of age, unmarried, with a history of insanity in the family. Her mother had puerperal insanity at the time of the birth of the patient. No accident or injury of any kind had been sustained. For months before her attack came on she had been very much under the influence of Christian Scientists. The immediate cause for her breakdown was given as overstudy and worry.

Early in May, 1905, she suddenly became violent. She had numerous delusions of being under electrical influence, of being hypnotized, together with hallucinations connected with the sense of smell. She talked incoherently, walked about in an excited manner. She was committed to a private hospital where she remained until September, 1905, apparently unimproved.

Her family became dissatisfied, inasmuch as the physician said he could give no hope of recovery, diagnosing the case as one of dementia præcox. She was transferred to my care as an incurable case, mainly for economic reasons

Upon admittance she was in splendid physical condition. I learned that she had always had a weak, nervous system. She had had two "nervous breakdowns" before the present one. The symptom most noticeable was loud laughter without sufficient cause. She could be heard all over the house in perfect gales of laughter. This laugh was a hearty one. She would compose songs, using well known tunes, and furnishing words as she went along. She had the constant desire to run, and it was with difficulty that she could be induced to walk when out for exercise. She had no delusion or hallucinations at this time. She was well oriented, memory good, talked "baby talk" at times, while at other times would talk rationally. At intervals she refused to eat. She would become greatly enraged, but for the most part was tractable. She wished to be busy constantly, and slept but little.

A diagnosis of manic-depressive insanity, maniacal phase, was made, and the likelihood of recovery from the present attack within a reasonably short time was held out.

The result justified the diagnosis, for on December 23, 1905, the patient was discharged as recovered, and has remained so up to the present. After her return to her home she visited the alienists who had thought her case incurable, and they were very much surprised to find her well again, and not a little chagrined because of their mistaken idea of the case.

It is needless to say that, however, undeserved the opinion may be, the family of this patient have more confidence in the physician who made the correct diagnosis than in the others who failed to make the right interpretation of the symptoms. And let me say right here that the friends of your mental patient care not a bit for the "name" of the disease. What they wish to know is whether or not the patient will get well. Unless you have a correct diagnosis you can not make a correct prognosis.

One evening early in March of the present year, I was interviewed by the husband of a patient, who was committed to a nearby institution, regarding his wife's case. This second patient was thirty-nine years old, with no children. She had broken down in December, 1906, had delusions of persecution, and hallucinations of hearing. She was much depressed, but had made no attempts to take her life. From his conversation I was not able to make a satisfactory diagnosis. But I did venture to tell him that it was very likely a case of melancholia, and that she might recover in two or three months time, possibly less, perhaps more.

I did not hear again from the case until two or three weeks later, when she was transferred to our institution. During these two weeks the husband had been told that his wife would probably continue to be ill for a year and a half. Upon this advice he "broke" up his home and placed his household goods in storage. No sooner had this been done than the patient began to improve. She came under my care on April 3d, and was discharged on April 23d, as recovered. I have heard from her since that time, and she is doing very well at home.

In this second case the diagnosis was valuable, but the ability to make a reasonably correct prognosis as to the duration of the disease was involved. I trust you will not understand that I regard this part of the prognosis which involves the question as to the length of time a mental case will require for recovery as an easy matter. The fact is, there is absolutely no more uncertain element in connection with these cases. My sole criticism in this case will be that the eminent alienist was over-cautious, and allowed himself to be too pessimistic regarding this particular patient.

Our colleagues who practice in the State hospitals may not find this question of length of stay

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so pressing as do we of the private institutions. With us it is one of the first questions asked both in mental and nervous cases. We must first make the diagnosis, and then, relying on statistics, which are nearly always inadequate and often unreliable, and our own experience give our answer.

Thus it will be seen that a correct diagnosis of mental cases is important and desirable. This is so from the point of view of the family and friends of the patient, and the physician. The ability to make a correct diagnosis in a large percentage of cases insures not only a satisfied clientele but also increased reputation for the physician.

Practice of Medicine.

THE INDICATED REMEDY IN ASTHMA.

BY AMANDA DECKER-HOLCOMBE, M. D., MT. PLEASANT, MICH.

August 25, 1905. Mr. C., age 35, farmer. Slender, emaciated blonde, ruddy complexion with freckles and sandy hair.

Paternal grandfather had asthma many years. Father's brother has asthma. Three cousins have asthma. Patient has had attacks of asthma since early childhood. Wakes from sound sleep with asthma. Aggravated by dust or cold.

Frequent colds with sore throat, appearing first on left side, later passing to right side.

Rx. Lachesis 30. Continued dose once a week for three months.

November 20, 1903. No attacks of asthma. Breathing not clear. Rx. Tuberculinum C. M. Dose each Sunday for a month.

No asthma since.

August 12, 1906. Four P. M., temperature 103°.

Chills at 2 P. M. alternate days. Beginning in back and ascending to head, then passing over body. Followed by fever; growing weaker; a dry wrinkled appearance of skin. Rx. Lachesis 30, three powders to be taken twelve hours apart, with plenty of Sac. lac. Two powders to be taken only if chill recurs.

August 15. No recurrence of chill or fever.

Saw this patient ten days ago. He has remained in excellent health.

February 10, 1906. Mrs. D., age 58, slender brunette.

Sister has asthma during hay fever season. Brother had asthma many years. Relieved since removal to Colorado.

Patient had asthma for ten years, relieved for eighteen years by change of location. Returned in autumn of 1904. Attacks occur two or three times a month and continue three or four days.

Attacks begin after midnight, must sit up. Face ashy, countenance anxious, remains in cold room, desires much air, but is cold and clammy; frequent thirst.

When seen attacks had continued fourteen hours. Arsenicum 30th, powder fifteen minutes apart, three doses, then to be repeated once an hour till relieved.

Sac. lac. after relief. Patient was relieved in six hours, and remained well till October 16th, then had an attack of asthma which yielded to Arsenicum 30 in four hours. Patient has continued well since.

I must add that I gave one powder of Arsenicum C. M. after last attack.

October 8, 1906. Mr. H., merchant, age 41, slender blonde, fine skin.

Family history good, except father died of cancer at 75. Healthy till 27 years of age; worked in a damp basement. Was sweaty when entering same. An attack of asthma accompanied the cold contracted at this time. Attacks of asthma with cold damp weather. Lungs always clear up in cold, dry weather.

Right lung aches as if tired, with difficult breathing. Feels strained with effort to breathe.

Knees always cold, emaciated, skin a mass of fine wrinkles, noticed only by close observation. Hair dry, lustreless. Attacks of asthma from exertion. e. g., splitting wood. Fidgety feet, must rise from bed to walk because of fidgety feet. Rx. Phosphoricum 30.

November 9. Doing well. Wakes at 3 A. M. each morning with an attack of asthma. Rx. Zincum 30.

December 4. Two attacks of asthma since last prescription, at 3 and 5 A. M., respectively. Never wants air during attack. Craves heat. Looks for warm corner always. Keeps rooms very warm. Rx. Psorinum.

February 3. Has gained weight, feels unusually well.

April 3. Has felt fine. Has fever blisters or hydroea on lips. Often has them. Eats an excess of salt. Rx. Natrum muriaticum. No asthma during damp weather or spring. Is in good health.

1896. Miss D., age 34, plump, brown-eyed blonde.

Parents healthy. No farther history obtainable. Mother had one attack of pneumonia. Brother had croup in early childhood. Sister anæmic. Patient had croup in infancy and frequent attacks of asthma from early childhood.

Attacks were brought on from colds, from tobacco smoke, from dust of buckwheat flour, or smoke from baking cakes. Even unpacking a trunk that had been packed in house where buckwheat was used would precipitate an attack.

Patient irritable, easily offended, often in tears. Could not tell her symptoms for weeping.

Never could eat fats or rich pastries.

Rx. Pulsatilla 3x, a half hour apart during attacks. Lessened severity and cut short the attacks and improved the general health of the patient.

1900. Asthma at longer intervals and milder attacks. Rx. Pulsatilla 30. A few months' treatment cured patient. No more asthma, tobacco smoke and buckwheat no longer poisonous.

March 17, 1907. Mrs. F., fleshy brunette, age 53.

Mother's mother died from pneumonia.

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Mother's father died from phthisis.

Patient's brother and sister died from phthisis in adult life.

Patient's daughter died from phthisis at 16.

Patient has had pneumonia three times. Has had chronic cough for two years.

Adenoid growths in post-nasal space and tonsils removed in August, 1906.

Asthma developed in September. Attacks occur almost daily since. Commence in morning after rising or at noon. Lying down, cough, tearing, whistling, crowing. Hoarse towards night. Bends forward to breathe, throat dry, tendency to hawk. Cold feet and ankles. Whole feet burn at night. Menses recur six weeks apart, profuse one to two weeks. Pulse 120. Palpitation. Heart seems to cease beating for an instant. Stomach distended. Eructations difficult. Appetite large usually. None for a week. Bowels constipated since operation on nose and throat. Frequent urging to stool; unsuccessful urging three or four days at a time. First stool hard, followed by loose stool.

Wakes at midnight. Sleeps from 2 to 5 A. M.; very weary mornings. Sudden sleepiness after dinner at 1 P. M.

Rx. Nux vomica 30, four powders six hours apart.

March 30. Bowels normal. Appetite improving. Breathing good. Cough in paroxysms on lying down. Must rise up to cough. Face very red during cough. Rx. Hyoscyamus.

April 15. No more asthma. Neuralgia of left ulnar nerve. Lancinating pain extending down into third and fourth fingers. Had kept these painted with iodine for a week. Pain growing worse with attacks of faintness and pains about heart, sharp and stabbing.

Rx. Kreosotum relieved pain and heart in twenty-four hours. Patient doing full work last week and feeling fine.

I will pass over two other cases cured by Lachesis, one other where Nux vomica cured. One cured by Natrum sulphuricum. One where Kali carbonicum was the indicated remedy. One yielded to Kali bichromicum. Another where Phosphorus was the only remedy given, and give you the notes on a case not yet entirely cured.

February 12, 1907. Mr. H., aged 41, farmer, slender blonde.

Mother has two sisters who have had asthma for years. Another sister died from phthisis. Patient's brother has asthma. Patient healthy till he had measles at 20. Two months later, while threshin grain, had an attack of asthma. Has never been free from asthma for an entire week since.

Breathing always difficult. Soreness and tenderness of abdomen. Inspiration painful, some relief in open air. Must sit still, sits upright, with shoulders and head thrown back during an attack. Is bathed in cold perspiration during attack. Attacks from cold air or damp, muggy day. < over-eating. > fasting. < dust of hay or grain.

Attacks of asthma on rising or before breakfast. May continue all day and all night. Sleeps with head very high. Coughs. Expectorates white, stringy, tenacious mucus. Hands warm. Feet and knees icy mold. Feet bathed in cold, foul smelling perspiration. Rx. Carbo vegetabilis.

February 28. No improvement. Rx. Veratrum album.

March 15. No attacks of asthma since taking Veratrum album.

April 9. Still no attacks. Rx. Veratrum album 30.

From the above experience I deduce that a diseased condition, manifested by asthmatic breathing, is no less curable than diseases with other manifestations.

If the physician resolutely resists all temptation to palliate the condition of the patient by means of hypodermics of morphia, emetics, or inhalations, etc., and persistently studies his patient, carefully selecting the remedy which covers in its symptomatology the totality of the symptoms of the patient, he may expect to raise the resistance of the patient till the dynamic force overcomes the diseased condition, and then there can be no farther manifestations of disease. [Mich. State Hom. Soc.]

Surgery.

A PLEA FOR THE MORE VIGOROUS STUDY OF THE PHYSIOLOGY OF LIFE WITH ESPECIAL REFERENCE TO ITS INFLUENCE OVER SURGERY.

BY M. O. TERRY, M. D. (EX-SURGEON GENERAL, S. N. Y.), MAMARONECK, N. Y.

Notwishstanding the fact that I have practiced surgery since 1872, I have ever had in my mind the thought, owing to quite an extensive observation, in various hospitals and the mingling with a great number of surgeons of the most eminent sort that there is constantly being done unnecessary surgery. I am fully aware that immediately the surgeons in my presence will shrug their shoulders, have a sudden desire to smoke and leave the auditorium, or will send me a withering glance of disapproval. All of these procedures will not prevent my directing your attention to this humane subject. I have been speaking on these lines for a good many years, but it is only within two or three years that I have noted that in the surgical and gynæcological sections in their national meetings that the question has been brought up in earnest by the old school.

The whole trend of thought in life to-day is normally progressive. But to swing off into the enchanting fields of difficult and fine technical surgery is the bewitching feature of the professor of surgery; the surgeon of high standing, as well is it the desideratum of the young and aspiring, rather than to turn about into the vast mysteries of causative difficulties with their physiologic, histologic and pathologic action, growth and destructive forces to consider. I am wondering if any advice in this direction of thought can ever be made popular, since

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it tends to take away largely the brilliant eclat of the ambitious surgeon.

Let us remember that every one prefers their anatomy as created. "There is nothing so beautiful in nature as nature herself; the essence of all order and force, the keeper of this great house in which we dwell, the subtle mover of wind and wave, the maker and unmaker of the land, the giver of all gifts, the visible presence of that Great Power to whom the universe owes its creation and life."

It is for us in the medical profession; it is our absolute duty to study hard, and by persevering, painstaking efforts, carried through our respective careers, attempt to correct physiological deviations brought about by neglect, ignorance or environments.

In doing this it will require the enlistment in every instance, and the co-operation of the patient, in your aim to correct what is wrong in him or her, as you interpret the causative factors destroying his or her health.

The surgeon and the physician should be paid as the circumstance of the patient will admit of for such service, and not by the visit. This is in line with the services rendered by a lawyer, the value of that service depending upon the time and the character of the difficulty in hand. The very poor can pay nothing. Such cases constitute the clinic, but the adjustable fee can be secured in cases of others, the same being tempered with judgment and commercial honor. I frankly say that one who has spent twenty or thirty years in study, observation and practice, one who has expended large sums of money on himself, the end in view being the relief of suffering humanity, is entitled to greater recompense than the early graduate, inexperienced, and who has not had the opportunities attributed to the previous surgeon and physician used as an illustration.

When a halt can be given to the surgeon's direction of thought to the extent that he shall ever bear in mind the causative factors of given cases then indeed will humanity receive not only a new lease of life, but it will be relieved from the awful operative procedures made necessarily later by neglecting early functional disturbances.

I believe I am correct when I state that a very large majority of the surgeons and physicians present have long since cast aside the thought of hereditary malignant diseases and that few, if any, entertain the thought of inherited tuberculosis of the lungs. If we are correct in this statement then, antedating every form of difficulty leading up to malignancy, we have some form of injury or trauma as the initial starting point. It is just at the starting point whether we have a trauma or whether we have a physiological disturbance where the best service can be rendered by the intelligent, scientific, painstaking surgeon and physician. The early trauma, whether accidental or made by some of nature's responsibilities, is a simple matter for the surgeon at the time of its origin. But the physiological deviation which may be the beginning of gall bladder, hepatitis, appendicitis or other intestinal complications, as an illustration, are matters which may require not only a careful investigation of the constitution, idiosyncrasy and condition of the patient but a readjustment of his physiological or initiatory functional disturbances. It is the early correction of these that forestalls organic or noncurable diseases necessitating the aid of the surgeon's technical skill.

When I contemplate the brilliant array of intelligent endowments assembled here and classed as surgeons, I am wondering what will be the future for humanity when so much energy has been directed toward the initial irritation or diseased conditions brought about by the various trauma and functional disturbances in connection with the human race.

I am willing to place myself absolutely among those who believe that cancer has its origin in an injury or focal center of irritation, and that there was an injury either directly or indirectly that started the processes of degeneration and final destruction or termination into malignancy. One must concede, however, heredity of badly constructed tissues due to the degenerated tubercular tissue of inherited ancestry and syphilitic taint, which makes the animal economy more readily yield to morbid conditions rather than to recuperation following injuries.

No one in the profession appreciates more than myself the result obtained by Professor E. Wertheim, of the Bettina Hospital, Vienna, Austria, of the radical abdominal operation in carcinoma of the cervix uteri. His paper read in Chicago, October 10, 1906, and published and well illustrated in the January number of the Surgical, Gynæcological and Obstetrical Journal, of Chicago, should be read by all interested on this subject.

But, gentlemen, after following through the delicate technique and the extensive dissection incident to this prodigious operation, I must again reiterate what I have expressed in various ways, that if woman were taught the importance of early investigation for all of the maladies incident to her domestic responsibilities, such operative procedures and brilliant surgery would be unnecessary.

Addresses.

PRESIDENT'S ADDRESS TO THE KENTUCKY STATE HOMŒOPATHIC MEDICAL SOCIETY, MAY 14, 1907.

BY F. C. ASKENSTEDT, M. D., LOUISVILLE, KY.

Homœopathy as a distinctive school must stand or fall with its materia medica. It has seemed to me, therefore, of utmost importance that we should devote the larger part of the meetings of this society to the study of the pathogenic and therapeutic action of our remedies. The statement will go unchallenged that he who has devoted but little time to the study of our remedies will at all times prove

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himself a poor Homœopath. More than upon political power, or a multiplicity of institutions, however desirable these may be, the future of Homœopathy depends upon an intelligent understanding of the application of our remedies—of their indications and limitations. In making this assertion I do not wish in the slightest to belittle the importance of any collated study, but the oftener we neglect the application of our therapeutic principle the less excuse we have for existence as a separate school

Truth, in its broadest sense, is not sectarian, but, while universal, shows a regard for uniformity and order, which has made science possible. Can we imagine that there can be a single exception to this reign of law? If nature has provided many means of cure, could this possibly make the law of similia less effective?

Practical observation is, to every science, the supreme court of appeal, and at this tribunal all theories are either sustained or receive their death sentence. Homœopathy is stronger to-day than ever before, because its superior clinical results have demonstrated the validity of its claims. The resistance to its growth offered by the prejudice of dosage, by the antagonism of opposed theories, and by the prestige of usage and authority, has been broken by the gentle power of homœopathic medicine, which in our State has won for Homœopathy both public recognition and popularity.

There are many ways by which a truth may be approached, and since clinical experience must be the best of medical science, we should fully expect to see our law confirmed by methods not strictly our own. The homœopathicity of the usual applications of the Roentgen rays and of radium is apparent to all, and certain uses of galvanism, of heat and cold, depend entirely upon the reactive effect for their cure of disease. The present day practice of eclecticism comes so near being Homœopathy that it might well be termed semi-homœopathic. In old school therapeutics we find many a nugget from our vein of gold. I grant you that experiences from so different points of procedure as that of the old school and Homœopathy, can not certainly agree, but when their lines happen to intersect the findings will be the same. Thus it occurs that most of their vaunted specifics which have stood the test of time, are used homœopathically, if this word ever can be applied to a specific. What could be a better demonstration of the law of similars than, for example, the use of mercury in syphilis, or iron in chlorosis, which disease is "not due to a deficient supply of iron in the food, but to a defect in the synthesis of hæmoglobin?" Numerous other standard remedies might be pointed out, as Belladonna in scarlatina, Aconite in fevers, Ipecacuanha for vomiting and cough, Corrosive sublimate for dysentery, Squills for bronchitis, Arsenic as an alterative, Phosphorus in some form for tuberculosis, Colchicum for gout, Copaiba for urethritis, Cohosh for uterine disorders, Sulphide of calcium for boils, Nux vomica for indigestion and constipation, Asafœtida for hysteria, etc., etc. A professor of pædology in one of our old school colleges once declared to me that Bryonia was his remedy for la grippe, and that Ipecacuanha or Sanguinaria, in small doses, did good work in his cases of bronchitis.

But we might go further. Recent experimental researches have vindicated the teachings of Hahnemann in a way that ten years ago we scarcely dared to hope for. The progress of serum and vaccine therapy is becoming more and more in line with the law of similia, and its promoters are strenuously in search after a law of cure. Dr. A. Wright, of London, and his pupils report encouragingly on the cure of furunculosis, fistula, chronic tuberculosis, leprosy, plague and cancer, by means of artificial cultures of the pathogenic germ found in the patient. Since certain modifications of this germ culture are resorted to before its inoculation into the patient, this method can not strictly be considered isopathic, but homœopathic.

Prof. von Behring, commenting upon his recently discovered agent for the cure of tuberculosis, has this to say:

"The scientific principles of this new tuberculotherapy are yet to be established, just as the scientific principles of my antitoxic serum therapy remain to be explained, notwithstanding the assertion, by many authors, that the therapeutic action of my diphtheria and tetanus antitoxins is clearly understood since the promulgation of Ehrlich's side-chain theory. For speculative minds the new curative substance will undoubtedly become a most interesting object of scientific investigation, but I do not believe that medicine will profit much by it. In spite of all scientific speculations and experiments regarding small-pox vaccination, Jenner's discovery remained an erratic block in medicine till the biochemically thinking Pasteur, devoid of all medical class-room knowledge, traced the origin of this therapeutic block to a principle which cannot better be characterized than by Hahnemann's word 'homœopathic.'

"Indeed, what else causes the epidemiological immunity in sheep, vaccinated against anthrax, than the influence previously exerted by the virus, similar in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence, exerted by a similar virus, than by Hahnemann's word 'Homœopathy?'

"I am touching here upon a subject anathemized till very recently by medical pedantry; but if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago, when I demonstrated before the Berlin Physiological Society the immunizing action of my tetanus antitoxin in infinitesimal dilution. On this occasion I also spoke of the production of the serum by treating animals with a poison which acted the better the more it was diluted, and a clinician, who is still living, remonstrated with me, saying, that such a remark ought not to be made publicly, since it was grist for the mill of Ho-

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mœopathy. I remember vividly how Dubois-Raymond, who, during the progress of the demonstrations and discussions had become drowsy, suddenly sat up, all attention, when I replied in about these words: 'Gentlemen: If I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road to Homœopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road.'"

All vaccines are administered in exceedingly small quantities, often as attenuated as the 6th or 7th potency, for it has been found that a dose large enough to produce death in a diseased animal may be too small to cause any perceptible effect upon an animal in health.

That the effect of these sterilized bacterial cultures is not confined to their own specific infections is seen from the cure of leprosy with tuberculin, or the immunity to typhoid fever produced by injections of sterilized cultures of the bacterium coli communis.

Experiments carried on by Ehrlich showed that other vegetable poisons, as abrin, the active principle of jequirity and recin, derived from castor oil seeds, when inoculated into animals, were tolerated in gradually increasing doses up to a certain point provided the increase of dosage was very small. At a certain point, however, "the increase of dosage can be very rapid, yet without signs of poisoning," just as has been observed in inoculations with bacterial toxins. The same acquired immunity to a poison we see exemplified every day in the use of tobacco. This teaches us that the reaction of the system against a poison administered in small doses is in excess of what is necessary to render the poison harmless.

I am not afraid that in their search for a law of cure the old school investigators will fail to detect the law of similia, but my question is: Will they beat us in devising a more practical method for its application?

So far their work has been confined to infectious diseases; but accepting the theory of reaction, the treatment of all diseases with the similimum is but a step in advance.

While our colleagues of the old school are thus making rapid strides toward establishing therapeutics upon a firm, scientific basis, what are we, as Homœopaths, accomplishing to prove ourselves worthy of the truth with which, through Hahnemann, we have been entrusted? Are we resting satisfied with a symptomatology of a hundred years ago, notwithstanding the open or tacit confession that homœopathic prescribing has not reached anything like scientific precision—a confession made apparent by the practice of mixing or alternating medicines.

It is quite true that even in its present crude form our materia medica shows a certain comparative superiority, as proven by carefully collected hospital statistics everywhere, but how long can we expect this advantage to continue if we are not keeping pace with the progress of our old school friends?

But few of us are so blinded by prejudice as not to be willing to see that our materia medica has not reached that stage of perfection which alone should satisfy. An unbiased examination of its symptomatology will lead to the conclusion that more or less confusion, incongruity and defects exist. Many are the instances of recorded symptoms bordering on the ridiculous and absurd. Take, for instance, the following reading from a recently published repertory, which for the sake of completeness has at times drifted into absurdity:

"Dreams of pursued by ghosts, Sil.

"Dreams of fighting with ghosts, Sars., Sep.

"Dreams of white ghosts, Sars.;" but if the ghosts were black the remedy is Ars.

The value of a repertory is apparent, but no symptom of any one drug should be admitted to our standard works unless it has been reported by two or more provers.

The basis for the proper selection of the homœopathic remedy must necessarily be the totality of the symptoms, but while avoiding routine prescriptions of so-called specifics on one hand, indiscriminate symptomatology must be shunned on the other. Perhaps the most conspicuous defect in our materia medica is the lack of systematic classification of symptoms in order of their appearance, so as to afford the student a conception of the modus operandi of each remedy, and enable him to properly interpret the groups of symptoms successively produced into their corresponding pathology. A good homœopathic prescriber must be thoroughly familiar with the action of the medicines he employs. If a superficial symptomatology is all that is necessary for the selection of the similimum, the formidable array of contradictory symptoms our larger works on materia medica already present tends to increase confusion and embarrassment rather than insure certainty. We find that Sulphur, Natrum muriaticum or almost any other oft-proven drug covers the symptoms of an unreasonably large number of cases and well might the inexperienced student pause and wonder in amazement at the versatility of nature or the imagination of the provers. The apparently contradictory symptoms could all be brought to harmony by being properly classified in order of their development, making distinction between the primary and secondary effects. If, as is generally conceded, the secondary effect is the reaction of the system, it is evident that such symptoms should furnish no indication for the remedy unless the primary symptoms have first been found to correspond to the previous symptoms of the disease. For illustration, if Podophyllum produces constipation as a secondary effect, we can not except this remedy to cure constipation unless it results from a diarrhœa presenting symptoms similar to Podophyllum. The combination of half a dozen secondary symptoms, a few reflex, and some primary, to which an intelligent use of symptoms may lead, forms no picture characteristic of the drug action; and a remedy thus selected could hardly be called homœopathic to the case, though

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all the disease symptoms were covered (indiscriminately).

An intelligent interpretation of the symptoms into their pathological equivalent would greatly aid us in the choice of the proper remedy, for the truly homœopathic medicine should in the healthy person produce a like affection. A case of nausea from pregnancy, with a coincident nervous headache, might from a comparison of symptoms seem to call for Iris, which naturally would fail, since the medicine must have a special influence upon the hypogastric plexus of sympathetic nerves to be curative.

Much stress is laid by our works on materia medica on subjective symptoms, and all are useful, but that the objective afford us more positive information, and, therefore, are of comparatively greater therapeutic as well as diagnostic value, there can be but little doubt. Since language is but an artificial means, the correctness of the expression of our feelings depends largely upon education. Morals, temperament and habits also influence the accuracy of expression; some people habitually and unconsciously speak in the superlative, while others intentionally try to deceive. The hysterical woman, hoping to elicit sympathy, will tell a story of insupportable pains and remarkable experiences. that knows no end, while cross-questioning often reveals the unreliability of the statement of others a apparently sincere. Others, again, will complain of nothing save a "misery," and hesitatingly answer all questions in vague and nondescript terms; and when the greatest friend of Homœopathy, the baby, requires our attention, we have for obvious reasons none but objective symptoms to prescribe on.

As in diagnosis of disease we depend principally upon physical signs, so in the choice of a remedy we should learn to depend mainly on objective symptoms—the subjective and reflex being secondary in importance—applying, as nearly as possible, pathology to pathology. Besides attaining greater accuracy, this method would simplify the selection of a remedy, for the group of symptoms held in the grasp of a pathological entity at once forms a unit, which is reproduced by only a limited number of drugs. The selection from this small number of remedies may be determined by the less important—the subjective—symptoms.

To facilitate pathological prescribing our provings should record more extensively the modifications produced in the secretions, the urine. the gastric contents, the fæces, the blood. thereby affording us accurate data to aid us in the recognition of unseen physiological and anatomical changes. It is evident that Hahnemann and his immediate followers fully recognized the value of pathological prescribing from the frequency with which objective symptoms occur in their provings; as, the appearance of the tongue, the character of the stools, etc. The fact that pathology was almost unknown at that time explains fully the stress laid by them upon subjective symptoms.

Since the days of Hering and Dunham the development of our materia medica has not been proportionate to the progress made in pathology and diagnosis, and the voices raised for reprovings of many of our remedies are growing more and more numerous. The American Institute of Homœopathy has started a movement of drug provings which we hope will fully meet the requirements of the times. Excellent work has already been done, and with the improved methods and classifications adopted for our modern materia medica, the outlook for the future of Homœopathy is full of promise. From lack of a more general co-operation by the members of our school, the progress is necessarily slow, but it is the privilege of each of us to aid in this great work either as a society by organizing a provers' union for Kentucky, or as individuals by independent work. Arrangements have been made by which any physician may obtain directions and drugs for proving by writing Dr. P. W. Shedd. of New York City, Chairman of the Drug Proving Committee of the County of New York. Urine and other specimens of the prover are solicited for the study of the drug action.

If every healthy homœopathic physician had the ambition not to remain a parasite upon the labors of others, but to contribute his share in the development of an ideal homœopathic materia medica by making at least one proving, the time would soon come when there would not be, as now, several protesting schools of medicine, for the lion, with the lambs inside, would answer to the name of Homœopathy.

The time for universal recognition of the law of similia will surely come; the question is, Will you do your part in its consummation?

Miscellany.

THE FEAST OF THE MEDICS; OR HOW TO SELECT A DOCTOR.

BY DR. EPILEPTICUS PHITTS.

In the fifth lustrum of the Dynasty of Roosevelt. in the third year thereof, a man of the tribe of the Trust Magnates fell sick. He summoned his Stenographer. who summoned his Secretary, who summoned his Butler, who summoned his Grand Vizier. This latter was found in the wine vaults, and when he came he brought with him a delicate aroma of lemon peel and brandy.

"My intelligent, well-read and excellent Vizier," said the Magnate, "I am sick, my spirit faileth and my flesh shrinketh; I must get me a doctor or I die. Whom shall I get?"

The intelligent, well-read and excellent Vizier extended his index finger, and placing the end thereof upon the exact center of his forehead—an attitude which betokens deep thought as the learned reader may confirm by consulting Democritus Junior—replied:

"Your Richness, I have heard that the School of the Little Pill, called homœopathic, is the place to

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get health for your money. They consider the case, they study the symptoms, they select a single remedy according to a great natural law, and administer the same, and lo! the bright-eyed Goddess of Health comes and nestles by your side. Your Richness can hardly go wrong, if only you get a Homœopath, because having a law to guide them there is not much difference between individuals; they all believe the same great principle, and are as alike in their practice as peas in a pod."

"'Tis well," replied the Magnate, "but I must be circumspect and not get an unworthy representative of that great principle. Announce that all the doctors of the Little Pill are invited to-night to a free banquet at my palace. I will have explained at their hands the art of curing and will take my pick of the whole bunch."

Now when it was announced that there was to be a free feed with real liquor at the Magnate's palace, the excited members of the profession could restrain with difficulty their eagerness to get at the viands. They came as one man, no cases of a serious nature were allowed to occur or at least to interfere with the impletion of the medical stomach.

During the feast the Magnate made a sign to the Grand Vizier to inquire into their opinions of the medical art, and crossing his right leg over his left, rested his left elbow upon his right thigh and placed his chin in the hollow of his hand, an attitude that betokens intense interest, as may be found by consulting the learned writer, Apponensis.

The Grand Vizier was eminently successful in promoting conversation among the medical luminaries, and adroitly led them to talk of Homœopathy. Conversation and champagne flowed with equal pace, but it did not discover that unanimity of practice that the Vizier had promised and the Magnate hoped for.

Of Homœopathy in general all spoke with the utmost enthusiasm, each was sure that it was the true and only genuine law of cure, but when it came to a particular case of disease, some private hobby came to the front, and either superceded or perverted the law of cure. A bald doctor with a large nose thus declaimed: "Homœopathy is the grandest truth in the universe if only the selection of the remedy is founded upon a pathological basis, every symptom has an underlying pathological condition, and this is the main thing to indicate the remedy."

"Bah," answered a thin doctor with a squint, "nothing is farther from the spirit of Homœopathy than that. The necessary thing in finding the homœopathic remedy is to discover upon which of the three great miasms the disease of the patient is founded; as is well known all chronic diseases can be referred to one or more of the three miasms, namely, psora, sycosis or syphilis." The Vizier looked somewhat surprised at this, and the Magnate relaxed the corners of his mouth and scratched his ear—an infallible sign of perplexity and doubt according to Lavater, a celebrated physiognomist of the last century.

"Tut, tut," broke in a fat doctor, putting his glass down after a long draught, "you are all off; in order to properly apply the great law of Homœopathy, all the drugs and medicinal substances taken by the patient since birth must be found out and antidoted by giving high potencies of the same drugs and preparations—the very same ones—or else he can never be cured."

The Grand Vizier looked annoyed, and the Magnate stretched out his legs and let his arms hang down dejectedly, an attitude that indicates weariness of spirit, according to the learned scholar, Macrobius.

"Hold there," exclaimed a lean doctor, with his mouth full of turkey, "you must stick closer to the law than that. Study the Organon seventeen times a day, and when the best indicated remedy fails to cure or permanently relieve, give a nosode."

A doctor with his hair pompadoured, here took up the conversation. "The indicated remedy is all right," said he, "but it cannot equal in efficacy the stretching, enlarging, divulsing and expanding of the sphincters. After that operation is done, the homœopathic remedy will act, perhaps, but more likely than not it will not be needed."

"Especially," sneered the antidotalist, "if you stretch at the same time the sphincters of the patient's pocket-book."

The orificialist looked fierce at this, but did nothing except to take an extra savage bite out of a club sandwich.

"How strange it is," quoth a prosperous looking doctor, "that you all miss the essence of the thing. Do you not know that the greatest, in fact, the indispensable factor in finding the indicated remedy lies in a study of the science of phrenology. If you can recognize the organ of combativeness, for instance, you at once see what patients need Hyoscyamus. How is it possible to know when Sulphur is needed unless you are acquainted with the organ of secretiveness."

"That sounds like pure, bob-tailed, four-flushed nonsense to me," exclaimed the pathological prescriber. The phrenological gent flushed.

"What are you anyhow but a mongrel?" said he. "You do not know the indicated remedy from a poisoned pup."

At this juncture in the discussion a careless waiter holding aloft a champagne-laden tray stumbled slightly but sufficiently to precipitate three or four glasses over the bald pate of the pathological prescriber, who, dismayed and startled by the vinous deluge and fearing a continuous performance of the same, endeavored to avoid it by effecting a rapid strategic change of base. The mad haste with which he did this was the cause of his elbow coming in violent contact with the nose of the antidotalist, who, fancying that he had been attacked, and not well knowing by whom, threw a dish of plum pudding at the orificialist. That worthy received it, together with the sauce full in the neck to the great detriment of his clothing. In the confusion that followed the orificialist dealt the prenological prescriber a tremendous blow with a beer bottle upon the organ of benevolence, causing it to assume enormous prominence.

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"Gentlemen, gentlemen," shouted the Grand Vizier, "remember the presence of his August Richness, the Magnate." But it was too late, for a peace congress, the melee had started and pandemonium reigned. The orificialist took his stand upon the stomach of the nosodial expert, and from that coign of vantage declared in stentorian tones that he would like to stretch the sphincters of all present. Above the noise and clash of combat the suffocated voice of the nosodial expert could be heard affirming that "when the best indicated remedy fails to relieve or premanently cure, give a nosode."

The corners of the Magnate's mouth became elevated, his eyes wrinkled and his trunk was shaken and agitated by strong succussions of the diaphragm, which, according to the learned scribe, Gelenius, indicates suppressed mirth. Leaving the belligerent doctors to their fate the Magnate and the Grand Vizier hastened to a private office.

"I have not observed," said the Magnate, "that unanimity of opinion that you led me to expect, but I have made my choice, and have undoubtedly selected the best doctor in the room." "Whom did you select?" asked the Vizier. "Did you notice," replied the Magnate, "that dapper chap who took no part in the discussion; he who simply dodged the flying missiles and devoted exclusive attention to the ingurgitation of food and drink? He had a cheery manner and a bright eye, and he attended to his business. He expressed no opinion. He simply ate. That is the man for my money. Send the rest home in a police ambulance, but detain him here."

This veracious history must now close. As the ambulance bore off the combatants in variously damaged conditions, confused sounds issued from its windows. A trained ear could distinguish something like "indicated remedy," "best indicated remedy fails," "nosode," "stretch the sphincters." The rattle of the ambulance wheels soon died away and with it died also fatuous murmurs of its inmates.

The Colleges.

(The following appears in the Iowa State Homœopathic Journal for October, from the pen of Dr. George Royal. Chairman of the Council on Medical Education.)

GIVE US MORE LIGHT.

Notwithstanding the fact that I have spent much of my time the past few months reading the contributed articles and editorials in our journals, and a large number of personal letters in which all sorts of questions were asked, all sorts of complaints made and all sorts of advice given as to what the medical profession and colleges, especially the homœopathic medical profession and colleges, are doing and should do, I never felt so much in need of good sensible advice as I do to-day.

To begin with, there never was a time when there was so much unrest among medical men, so much dissatisfaction with the present status of things medical.

Especially is this true of medical ethics, medical education and medical legislation. Activity along these lines has led to confusion. Confusion has led to misunderstanding with bickerings and heartaches. Much of this confusion is due to the fact that we are to-day dominated by the spirit of individualism.

The result of the thought of the last quarter of the last century was to separate the individual from the masses.

Independence is a consequence of this individualism, and as a result of this independence every man, especially if he happens to be a member of a State board, a professor or dean of some college, an editor or an officer of some medical society, feels it his duty to inaugurate and carry out some medical reform.

As discouraging as the prospect for good at first seems, there is hope in the fact that in all the plans proposed and methods outlined the object is one and the same, viz., to raise the standard and increase the efficiency of the medical profession.

The great task seems to be to compare and study all the plans suggested for securing this most desirable end and from them to evolve and elaborate one to which all can work.

To accomplish this the representatives of the three recognized schools of medicine must be heard, must confer together and must assist each other.

And what is more, certain facts, rights and principles must be recognized, accepted and rigidly adhered to or the attempt will be a dismal failure.

The facts which must be taken into consideration are:

1st. That there are in the United States three distinct schools of medicine differing from each other on that most important subject, drug therapeutics.

2d. That these three schools have their separate boards of examiners, their colleges, hospitals and sanatoria, and their following among the people.

The rights to be respected are:

1st. Invested rights, States, corporations and individuals have put money into these colleges, hospitals and sanatoria.

2d. The right to hold, maintain and perpetuate colleges, hospitals and organizations includes the right to license medical students and nurses.

3d. The right, which every American citizen prizes, to call whomsoever he pleases to care for himself, or his, in cases of sickness, providing he does not endanger the public by so doing.

The principles to be lived up to are:

1st. That a minority should be given a hearing in all matters in which it is interested

2d. That no one is to be condemned till he has had a full and impartial hearing.

As the Council on Medical Education of the American Institute of Homœopathy expects to work along the above lines it may be well to state its views a little more fully so that not only those who

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have asked questions and made complaints but all interested may so understand as to co-operate intelligently.

In the first place, although the Council was appointed and its duties outlined by the American Institute of Homœopathy, its object and the methods to be pursued were previously discussed and approved at meetings of the Intercollegiate Committee.

The report of the committee to confer with the American Medical Association, whose adoption created the council, was also previously read before the Intercollegiate Committee, discussed and promised the united support of the members of that committee.

At these meetings, in which every homœopathic college was represented, it was shown that the demand for graduates of homœopathic colleges was far greater than the supply, and the opinion was also expressed that the rights of every college should be protected.

The Council, therefore, considers it its duty to stand by all the homœopathic colleges, providing they are now and continue to be up to the standard required by the Council.

It further pledges itself to do all in its power to help bring up to its standard any college which is or may hereafter fall below.

This Council also recognizes the fact that the Council of the American Medical Association not being conversant with the method of proving drugs upon the healthy human being, acted wisely in not attempting to rank any of the colleges on this point.

Furthermore, as the old school does not place as much importance upon the administration of drugs as we do it is not surprising that the Council of the American Medical Association should not have given the homœopathic colleges credit for three or four times as many hours in materia medica and therapeutics as are required in old school colleges.

All such matters, however, can be readily adjusted when the Councils of the three schools shall meet.

The task assigned this Council is no easy one. The hardest part of it is to estimate the relative rank of the college.

To illustrate: On general principles, one would expect that a college whose income is divided among its professors (the so-called private school) would be less rigid with entrance examinations.

And yet who would think of a Hering, a Mott, or a Scudder as having been influenced by a few paltry dollars? or that a Ward, a Keene, or a Ellingwood would risk his reputation as a teacher or sacrifice his educational institutions by cutting salaries?

We all know that every institution of learning is dominated by a few men who stamp their individuality upon every graduate.

And it is the exception to the rule when any such man is influenced by pecuniary considerations.

From the deans of our colleges and the homœopathic members of examining boards, whether of separate or combined board, we feel we have the right to expect assistance.

Of these and of all interested in our work we respectfully ask for all the light possible.

OPENING EXERCISES—THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

The opening exercises of the fifty-eighth session of this college occurred September 26th, before a large audience composed of students, members of the faculty and board of trustees and alumni. The enthusiasm displayed augurs well for the success of the coming year, and shows that all concerned are preparing for their work with unwonted vigor.

Upon the platform were seated the speakers of the occasion, the presiding officer's chair being occupied by Dr. Gaius J. Jones, the President of the Board of Trustees, and the senior in the department of practice. With a few well chosen words he welcomed the students, old and new, who were about to begin their year's work.

He then introduced the speaker of the occasion, Prof. C. M. Thurston, who delivered an address full of wise counsel and witty sayings. Prof. Thurston is deservedly popular with the students, for by his untiring work and most careful teaching, he has made his department of histology, pathology and bacteriology a source of strength in the institution.

The ever-popular Dean, Prof. Geo. H. Quay, followed with an address in which he counseled concentration and perseverance on the part of the student, promising that success would follow. He especially warned against procrastination, advising each one to take for his motto that twentieth century saying, "Do it now."

Great applause followed the introduction by the presiding officer of Dr. David H. Beckwith, who disclaimed any intention of getting old, though he has just passed his eighty-second year, has been practicing medicine nearly sixty years, and was a student of medicine when the college in 1849 opened its doors. His life has been a model in many respects, and his example in respect to right living is one worthy of universal emulation. All hope that he may be spared for many years to continue his usefulness.

Rev. Millard Brelsford gave the opening prayer and pronounced the benediction.

The college starts the year with brighter prospects than ever before in its recent history. The work of the Registrar, Dr. Lester E. Siemon, has been unremitting, and the curriculum presented by the committee in charge is one which has no superior. The faculty is united in its determination that the college shall have success as the results of the work of the year 1907-1908.

H.

Solidago

Is useful in a circumscribed pain over the kidneys where there is difficult and scanty urination, or where the urine is of a dark color and contains a heavy sediment.

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Correspondence.

FROM DETROIT.

Editor Medical Century:

Below will be found schedule of service by the internes at Grace Hospital, Detroit.

Resident physician, term one year, June 1st to June 1st; salary, $600; nominated by superintendent; confirmed by the Board of Trustees

House surgeon, promotion appointment from house staff, can be reached in eighteen months' service.

House physician and house surgeon, eligible for appointment to resident physician.

These staff members have charge of the respective medical and surgical dvisions.

Senior and junior internes give anæsthetics, carry out surgical dressings under the direction of the resident physician and make ambulance calls. Are eligible for promotion to positions of house physician, house surgeon or resident physician. Internes can take optional course of one year, eighteen months or two years.

Full term diplomas to internes passing through grades to house surgeon.

Short term certificates for internes who complete one year's service.

There are at present two vacancies. Candidates should communicate with superintendent of Grace Hospital.

Please present this to your readers.

Very truly yours,
S. H. Knight, M. D.

LETTER FROM OKLAHOMA.

Dear Editor: I read with much interest an article in your September number from Dr. Lusk, Keota, Iowa; heading, Medical Societies.

I never was situated so I could not associate myself with a local society of my own school, but I can deeply sympathize with the doctor's condition, and that of hundreds of others in similar circumstances. It is certainly very unsatisfactory to be compelled to submit to isolation, and denied the fellowship of those that are congenial to ourselves socially or professionally. Yet this is a condition often met with by members of our school; they being so scattered in many of the small towns and rural districts. I am aware many of our profession do not take the interest they should in our societies, but associating themselves with the nearest local society, county or State.

There are too many of our school who do not realize the importance of medical associations to the welfare of our school as to the personal benefits derived from same.

This indifferent spirit if not soon aroused from their slumbers may result in legal annihilation, our institutions wiped off the face of the earth as amalgamated with the enemy. I am ready to admit there are some members of our profession who are so isolated as to make it almost impossible for them to attend medical societies; but if by sacrifice of time and means they can join some society, they will be doing their duty to our school and a blessing to themselves as well as to their patients. Show me a physician who does not belong to some medical society, nor take two or three medical journals, and I will show you one that has lost all interest in study, and one who has gotten into a routine way of prescribing, one who does not take any stock in the modified developments of medical science in the past few years, and who takes his ease, and leaves the work to others to protect him before medical boards, and prevent his being legally annihilated. If our school of medical therapeutics would only awake to the privileges that justly belongs to them and the duties they owe to medical science and suffering humanity, and take on the whole armor of our faith with a determination to establish the only true therapeutical law of nature to the world, a law that will stand the test of science in the laboratory or at the bedside, if we do this many of us who now live will see the day when our school will predominate over that of all others. I have no sympathy with that class of our profession who, in order to be eligible to membership in the society of the enemy, will sacrifice a principle and name so dear to us all.

Is there not something in the article I refer to that will put the members of our American Institute to thinking, and will it not lead to our national society taking some steps to reach the scattered members of our school all over this, our beloved country. Can we not devise some means to interest them, and as soon as possible get them into our local and national societies. I feel this is very essential for the future perpetuity of our school. Let our members think seriously on this subject so as to be able at our coming meeting next year in Oklahoma City, to formulate some definite plans to meet results. It is my personal opinion the most successful plan would be to put a suitable person constantly in the field to arouse interest with our brethren and to interest students to attend our medical schools.

J. Hensley, M. D.,
Oklahoma City,
Oklahoma.

Phytolacca.

The influence of Phytolacca upon granular structures is such as to impress the minds of those who have used this and the Iodids, that this remedy is in many ways superior to the Iodids. In any case there is a harmony of action between the two. While it may not have the power of the Iodids over effusions and plastic exudates in the lymphatic glands and the glandular involvements, it stimulates metalbolism, promotes resolution, antagonizes inflammatory action and septic invasion, and quickly restores normal functional action. Its general alterative influence can certainly be relied upon when it is correctly prescribed.—Ellinwood.

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Societies.

THE PENNSYLVANIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

From 1866 to 1907 is a long span of time, and comparatively few organizations of any kind can claim such a long life. During these more than four decades the Pennsylvania Society has been active and has accomplished a world of good for our school. Associated with its history are the names of Hering, Lippe, Farrington, J. P. Dake, A. R. Thomas and B. W. James among those who have gone to their reward, and names much too numerous to mention of those who are to-day active in its ranks. As a society it is a model, and that's the best thing one can say about any organization.

The forty-fourth session was held in the assembly room of the Pittsburg Homœopathic Hospital, September 17, 18 and 19, and was a success in every way. The program was particularly good, embracing more than sixty papers from all departments of the work. Most important, perhaps, from the standpoint of our particular school of medicine was the work of the Bureau of Materia Medica. The members discussed Lycopodium, the Nosodes, Opium and Actea racemosa. On the program was "A character sketch; the meeting of the State Homœopathic Medical Society in the materia medica woods." Quite a unique subject, to say the least.

The society unanimously endorsed the work of its Legislative Committee during the past year. This consisted principally in the defeat of the bill presented to the Legislature providing for the establishment of one board of medical registration to take the place of the three boards now in existence. The committee was urged to continue its good work, and what is to be commended, it was provided with sufficient funds with which to carry on its campaign. The society realizes the fact that there is no use telling a committee to fight without providing it with the "sinues of war."

And that brings to mind another point, and that is that the membership committee were at work and showed results. One hundred new members were added to the list, a splendid result brought about by hard work under good leadership. This makes this society the third largest in the country, being ranked by New York and Illinois only.—New York having 570 members, Illinois a few more than 500, while Pennsylvania has a few less than that number. Certainly this gain in membership shows progress in the right direction.

Taken as a whole the meeting was a success in every way. Well we might perhaps criticise it from one standpoint, and that is the absence of so many men from east of the Allegheny mountains who should have been there. We have attended many of these meetings, and so do not remember having seen so few Philadelphia men in attendance. This is a decided mistake on their part. If the State is to be a unit in its work the State organization simply must receive united support. It is a paramount duty of the individual, and nothing shows up a lack of interest so decidedly as neglect to attend the meetings of the State society. So these men of the East neglected a duty when they failed to attend this meeting. We could name at least twenty-five men from Philadelphia who should have been present and who were not.

The Allegheny County Society were the hosts of the occasion, and they did their duty well, under the leadership of the President, Dr. Z. T. Miller, and the chairman of the committee of entertainment, Dr. J. H. McClelland. The ladies were cared for by Dr. J. H. Thompson, who took them a ride in automobiles. The evening of the second day was taken up with a delightful entertainment at the aristocratic Du Quesne Club, and the hosts fairly outshone themselves on this delightful occasion. Music of the highest order occupied the first part of the evening, while a delicious luncheon was the attraction of the midnight hour. About two hundred guests were present.

The officers of the society were on hand and did well their parts. They were:

Officers.

President, J. J. Tuller, M. D., Philadelphia.

First Vice-President, Anna Johnston, M. D., Pittsburg.

Second Vice-President, J. D. Boileau, M. D., Philadelphia.

Recording Secretary, G. B. Moreland, M. D., Pittsburg.

Corresponding Secretary, E. M. Gramm, M. D., 1833 Chestnut street, Philadelphia.

Treasurer, Ella D. Goff, M. D., Allegheny.

Necrologist (ad interim), W. F. Baker, M. D., Philadelphia.

Censors, C. E. Myers, M. D., Philadelphia; G. W. Smith, M. D., Philadelphia; H. F. Schantz, Reading.

Trustees (three years), J. J. Tuller, M. D., Philadelphia; D. C. Kline, M. D., Reading; G. A. Mueller, M. D., Pittsburg.

Trustees (two years), C. P. Seip, M. D., Pittsburg; O. S. Haines, M. D., Philadelphia; D. P. Maddux, M. D., Chester.

Trustees (one year), W. A. Seibert, M. D., Easton; W. H. Keim, M. D., Philadelphia; C. Bartlett, M. D., Philadelphia.

For the following year Dr. W. F. Edmundson, of Pittsburg, was elected president, a most deserved honor for a man who has always been a worker, quiet, modest, but always "on the spot" when wanted. J. M. Maurer, of Washington, a member since 1878, was elected first vice-president, while F. B. Quackenbush, of Philadelphia, took the second honor. The other officers were re-elected.

The treasurer showed that she had about twelve hundred dollars to the credit of the society, after having spent about eighteen hundred during the year. Surely the Keystone State has every reason to be proud of its Homœopathic State Society.

H.

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NEW YORK STATE HOMŒOPATHIC SOCIETY.

The forty-first semi-annual meeting of the State Homœopathic Medical Society was held in Brooklyn on September 24, 25 and 26. Most of the prominent cities and towns of the State were represented. The Kings County Homœopathic Medical Society celebrated its semi-centennial at the same time. Dr. Herbert D. Schenck, president of the society, in his report, spoke of important legislation and discussed the appointment of a single examining board of nine members on which the various medical schools were represented, as follows: Allopathic, four; homœopathic, three; eclectic and osteopathic, one each. Dr. Schenck said: "These changes have taken from us the prestige of being recognized as a school of medicine by the law of the State. What the ultimate effect will be is an academic question. Our students no longer go before a board of the same faith as themselves, but if their names are kept incognito this can result in no injustice or favoritism. I think we can feel protected as matters stand at present, and that we will still be considered as standing for a distinct sect of medicine."

Business Session.

Dr. Reeve B. Howland, Elmira, presented the treasurer's report, which covered the period from February 15, 1907, to September 24, 1907. The receipts were $1,665.31, with expenditures of $1,587.53, leaving a balance of $77.78. The president, Dr. Schenck, announced that all the expenses in connection with this meeting had been borne by the County Society.

Dr. John M. Lee Rochester, chairman of the legislative committee, in his report, stated that unusual efforts had been made this last winter in the interests of the society, and reviewed the strenuous fight that had been put up. He stated that the operation of the single examining board was too recent to judge of its merits, but that he felt it would likely be detrimental to the homœopathic school.

President Schenck, in giving his report on the special legislative fund, stated that the legislation last winter in Albany was of the greatest importance to the society, and had necessitated a considerable outlay of money. In fact, money had been spent freely to protect their interests. He appealed to the members of the society to be liberal with their contributions.

The nomination of officers for the elections which will be held in February, resulted in the following:

President, Dr. W. S. Garnsey, Gloversville; First Vice-President, Dr. W. H. Nickelson, Adams; Second Vice-President, Dr. Frank B. Seitz, Buffalo; Third Vice-President, Dr. R. C. Woodman, Middletown; Secretary, Dr. Bert B. Clark, Manhattan; Treasurer, Dr. Reeve B. Howland, Elmira; Necrologist, Dr. John L. Moffat, Brooklyn; Counsel, Edwin Van Wormer, Albany. The election of four censors was referred to the executive board with power to act.

Under the heading of miscellaneous business the resignation of Dr. George H. Smith, Jr., this borough, was received and accepted. Notice was given by Dr. H. W. Paige, Oneonta, to amend the By-Laws and Constitution so as to conform with the new State law providing for a single State examining board.

Dr. Lee's bill of $621 for expenses as chairman in connection with the legislative committee work was ordered paid. The bills of the other members of the committee, which amounted to $288, were not approved of, as it had been customary to pay them in previous years. Seventeen new members were duly elected.

The Scientific Session.

A fine program of papers was presented, and the members had plenty of interest in the discussions. The Materia Medica Bureau and the Materia Medica Symposium under the chairmanship of the energetic Rabe were great successes.

Social Session.

Completion of half a century of organized activity by the Homœopaths of Brooklyn was celebrated on Wednesday evening at Association Hall by the Homœopathic Society of the County of Kings in the presence of a large gathering of physicians and laymen. Two of the most noted practitioners of the country were followed with the closest interest while they traced the history and upheld the doctrines of their school and sang the praises of its founder, Samuel Hahnemann. The affair was conducted by the county society as part of the meeting of the Homœopathic Medical Society of the State of New York, and may physicians from all parts of the State attended.

The speakers of the evening were Dr. Charles E. Walton, dean of the Hahnemann Medical College, Cincinnati; Dr. Royal S. Copeland of Ann Arbor, president-elect of the American Institute of Homœopathy, and the Rev. C. D. Case, pastor of the Hanson Place Baptist church. Association Hall was well filled when they came on the stage, accompanied by Dr. William W. Blackman, president of the county society; Dr. Herbert D. Schenck, president of the State society, and other prominent members of the profession.

The Banquet.

Over three hundred guests, including a large percentage of women, attended the banquet held on Thursday evening to commemorate the semi-centennial of the Homœopathic Medical Society of the County of Kings. It was also the closing function of the New York State Society. There was a brilliant gathering of the leading Homœopaths of the country.

Toasts were responded to by Drs. Herbert D. Schenck, E. Rodney Fiske and Stuart Close, of Brooklyn.

Dr. Royal S. Copeland, of Ann Arbor, Michigan, president of the American Homœopathic Society, under the subject, "The American Institute," made one of the best speeches of the evening. He said that the outlook of and prospects for Homœopathy were so bright that "we may hope to make it the dominant school of medicine."

Dr. John E. Wilson, of Manhattan, took up "The

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Influence of Homœopathy on General Medicine." Dr. DeWitt G. Wilcox, of Buffalo, dealt with "The Future of Homœopathy," which he claimed was full of the greatest promise.

The last toast, "A Free Lance," was ably responded to by Dr. Charles E. Walton, of Cincinnati, Ohio. Dr. Walton's remarks were received with enthusiasm by the audience.

ORIFICIAL SURGERY.

Prof. E. H. Pratt's September class in orificial surgery was held at Hering College, Chicago, on September 24, 25 and 26, and brought together a class of one hundred and fifty, all enthusiastically satisfied with the work as demonstrated by Prof. Pratt and his corps of assistants. The cases were many and various, and the lectures as given by Prof. Pratt were in his own inimitable manner, and presented much of great value.

The Orificial Association held its twentieth annual meeting at the Sherman House, September 24 and 25, and under the able generalship of President E. Z. Cole, of Baltimore, and Secretary T. E. Costain, of Chicago, a magnificent program was presented. Dr. P. S. Replogle, of Champaign, Ill., was elected President; T. C. Titzell, Iowa City, Ia., First Vice-President; Margaret Koch, Minneapolis, Minn., Second Vice-President; J. A. Lenfesty, Mt. Clemens, Mich., Secretary-Treasurer. The society adjourned to meet in Chicago next September in conjunction with Prof. Pratt's class.

H. C. A.

The Library.

BOOK REVIEWS.

Treatment of the Diseases of Children.

By Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Octavo volume of 597 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00, net; half morocco, $6.50, net.

A work for the general practitioner rather than for the student or specialist. It deals more extensively with therapeutic measures which seems to be coming to the front in the allopathic school more of late than heretofore, and yet to go over the treatment of many affections outlined in this work, one of the homœopathic faith can see there is much to be learned. In most instances the means employed are anything but simple. In whooping cough the author states that Belladonna was given in sixty test cases of whooping cough, and Antipyrin was also given in sixty test cases, etc. Of what value is a test of a drug given thus indiscriminately to such a large number of cases? Is there no individualization permissible? Our school knows that Belladonna is a useful remedy in whooping cough, but no homœopathic physician would think of trying it in sixty cases as a test of the value of the action of that remedy. Probably Belladonna might be indicated homœopathically in five or ten of the cases, but no more. When our friends can learn to select the proper remedy for the case, and when they have sixty cases that have proper indications for any one drug, they will have sixty successes if that drug be administered. The work is a step in the right direction, but only a step.

Gynæcology and Abdominal Surgery.

In two large octavos. Edited by Howard A. Kelly, M. D., Professor of Gynæcologic Surgery at Johns Hopkins University; and Charles P. Noble, M. D., Clinical Professor of Gynæcology at the Woman's Medical College, Philadelphia. Large octavo volume of 851 pages, with 405 original illustrations by Mr. Hermann Becker and Mr. Max Brodel. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: Cloth, $8.00, net; half morocco, $9.50, net.

This work, under the able editorship of Drs. Howard Kelly and Charles P. Noble, represents in its magnitude the great subject of gynæcological and abdominal surgery. This first volume has articles from some sixteen of the leading abdominal surgeons of the country, where among we note such names as Byford, Edebohls, Kelly, Skene and others of no less fame. It is a volume of some 850 pages, finely illustrated, and yet it does not deal entirely with surgery, for a considerable section is devoted to medical gynæcology to meet the need of the general practitioner. All questions of gynæcological moment are discussed therein. It is a complete treatise, the latest and best.

Surgery: Its Principles and Practice.

In five volumes. By sixty-six eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume II. Octavo of 920 pages, with 572 text illustrations and nine colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: Cloth, $7.00, net; half morocco, $8.00, net.

The second volume of Keen's Surgery deals with diseases of the bones, fractures, dislocations, surgery of the muscles, tendons and bursæ, orthopedic surgery, surgery of the lymphatic system, of the skin and of the nerves, including the surgery of neurasthenia, insanity and the spine. It is a handsome volume finely illustrated and printed, and with volume one comprises the latest and best on surgery. The contributors to this volume are all surgeons of the highest standing in the United States, many of them authors of separate works.

Diseases of the Intestines and Peritoneum.

By Dr. Herriman Nothnagel, of Vienna. Edited, with additions, by H. D. Rolleston, M. D., F. R.

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C. P., Physician to St. George's Hospital, London, England. Second edition. Octavo of 1,059 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00, net; half morocco, $6.00, net.

Another volume of the American edition of Nothnagel's Practice is before us, in its second edition. Additions have been made and alterations for the better from the edition of three years ago, and it now represents the most complete work on the subject that has yet appeared. The minuteness, completeness and clearness of the descriptions of the various affections make it a most desirable possession for the practitioner and the student. He who possesses a complete set of Nothnagel has a well equipped library on the practice of medicine.

Practical Fever Nursing.

By Edward C. Register, M. D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo volume of 352 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2 50, net.

Nursing in fevers is an all-important topic, and this volume is a useful one for both physician and nurse, for the latter to be efficient must have some knowledge of the disease and the treatment pursued. She is much better prepared to anticipate all that the physician expects of her if she is thus equipped. This work is as non-technical as possible, it describes the various fevers and their modes of treatment according, of course, to allopathic notions. But the value of the work is none the less to homœopathic physicians and nurses. In fact, the history of the homœopathic school shows that it has always paid much attention to this very topic, namely, practical nursing.

A Manual of Diseases of the Nose, Throat and Ear.

By E. Baldwin Gleason, M. D., Clinical Professor of Otology at the Medico-Chirurgical College, Philadelphia. 12mo of 556 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible leather, $2.50, net

This handy volume contains the essential facts of rhinology, laryngology and otology in a concise from giving the details of inspection, examination and diagnosis of nose, throat and ear conditions, the uses of the commoner instruments, and a description of the minor operations. Simplified methods of treatment according to the experience of the author are presented. The book contains 262 engravings drawn from the author's dissections. It is a handsome volume in all ways, and one that every student should possess.

Anatomy of the Brain and Spinal Cord.

By Harris E. Santee, M. D., Medical Department of the University of Illinois. Fouth edition. P. Blakiston's Son & Co., Philadelphia, 1907.

This edition of Prof. Santee's well known work has been enlarged and revised, and represents in all its completeness the subject in hand. The illustrations are clear cut and beautiful expressions of the reproducer's art. Many of them are handsomely colored. We do not know of a work that presents the subject in a more interesting way, and we can cordially commend the volume to our students.

Cactus is Another Certainty.

Cactus is a heart remedy but not a drug that will cure organic heart disease. Here the statement may be made that many good medicines are brought into disrepute by over praise, and in the case of cactus, some of its over-enthusiastic friends have lauded this remedy beyond reason, and many who have tried it have been disappointed. Like all specifics, cactus is adapted to certain conditions and it is only when we have the indications that we will obtain results. The field for cactus is that of nervous affections implicating the heart, such as reflex palpitation, an excitable heart, a heart prone to run away with but little provocation; tobacco heart; cardiac palpitation of the menopause; irregular heart and a heart the pulsations of which are abnormally slow. It requires but little thought to discover that nervous influences proceeding from the sympathetic and cardio-inhibitory centers are the range of morbidity controlled by cactus.—Eclectic Journal.

Helonias.

In addition to the statements frequently repeated concerning the specific action of this remedy, it is found to be especially suitable for those females who have feeble constitutions, with more or less nervous debility; those who are easily fatigued; for the case of the worn mother who watches over the care of her charge, as well as for the young girl budding into womanhood. Carefully and properly selected, this remedy will certainly give brilliant results.

It is a pure and active restorative; is very nutritious and promotes secretion; it promotes normal activity of all glandular organs, and thus exercises a marked tonic effect. When glandular action is prevented, from the influence of uterine or renal disease, it is especially serviceable. The underlying indication is uterine atony. The symptoms that flow out from this will be relieved to a great extent from this remedy.

It will cure amenorrhea, menorrhagia, some cases of leucorrhœa, and the dragging down sensations in the lower abdomen, which results from simple displacements. It will also relieve erratic pains of stomach and gastric disorders which depend upon or accompany this condition.

Wherever there is a tendency to uterine displacements, it should be used. If these disorders are present with threatened abortion, the remedy should be combined with Viburnum, and both be given in full doses to prevent that condition. It, however, works more perfectly in combination with Aletris farinosa and Macrotys in atonic conditions, while Caulophyllum and Viburnum act best where irritable conditions are present. The remedy will also control hæmorrhages of a passive character.—Ellinwood.

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THE ECLECTIC NATIONAL SOCIETY.

The following was presented at their annual meeting in Los Angeles in June: Resolution introduced by J. D. Robertson, M. D.

Referred to the Advisory Committee.

Whereas, There has been and is a determined effort, on the part of the American Medical Association, through its Educational Committee, to discredit all private medical schools, especially the eclectic, homœopathic and physio-medical institutions, and,

Whereas, Said educational committee has established a plan of rating which will cast reflection upon these schools, and,

Whereas, The report made by this committee is being sent to all State boards of health and medical registration in the United State; therefore, be it

Resolved, By the National Eclectic Medical Association that we deprecate such unfair action; and be it further

Resolved, That a Council of Education, consisting of five members, be appointed, which shall have for its object the general aid advancement and improvement of all eclectic medical colleges and institutions in the United States.

Adopted.

ROCK RIVER INSTITUTE OF HOMŒOPATHY.

The ninetieth quarterly session of the Rock River Institute of Homœopathy convened at the public library October 3d. The meeting was called to order at 1 P. M. by President E. A. Sickles, of Dixon, Ill.

The following members responded to the roll call: Drs. Bushee, Blunt, Finley, Gruber, Kordon, Hazelton, Kehr, Lanning, Martin, Ryder, Scott, Sears, Shavely, Skinner, and Story.

The visitors present were:

Drs. Chislett, Kahlke and Haseltine, of Chicago; Drs. Hunt and Peck, of Davenport; Drs. Bradford, Hoefle and Paul, of Rock Island.

Minutes of the previous meeting were read and approved.

Sterling was selected as the place of next meeting, January 2, 1908.

The election of officers for the ensuing year resulted as follows:

President, F. C. Skinner, M. D., of LeClaire, Ia.

Vice-President, B. L. Sears, M. D., Ambory, Ill.

Secretary and Treasurer, A. W. Blunt, M. D., Clinton, Ia.

The Bureaus of Surgery and Gynæcology reported including the following papers:

Burns and Scalds, Discussion.—L. H. Maloney, M. D., Savannah, Ill.; G. B. Bushee, M. D., Clinton, Iowa.

First Treatment of Wounds, Discussion.—H. E. Martin, M. D., Clinton, Ia.; C. Gruber, Clinton, Ia.

Injuries of the Eye, Discussion.—T. B. Charlton, M. D., Clinton, Ia.; S. S. Kehr, M. D., Sterling, Ill.

Placenta Previa, Discussion.—W. B. Ryder, M. D., Clinton, Iowa; D. M. Finley, M. D., Clinton, Ia.

Treatment of Lacerations of the Cervix and Perineum With Regard to Ultimate Effects, Discussion, —E. S. Sickels, M. D., Dixon, Ill.; D. M. Finley, M. D., Clinton, Ia.

Therapeutics of Light, Discussion, General.—O. B. Blackman, M. D., Dixon, Ill.

Modern Advances in Nasal Surgery, Burton Haseltine, M. D., Chicago.

Tumors of the Breast, C. E. Kahlke, M. D., Chicago.

Diffuse Suppurative Peritonitis, H. R. Chislett, M. D., Chicago.

These were ably discussed by the various members and many points of practical value brought out.

Dr. Chislett addressed the society in behalf of the homœopathic colleges, showing how important it was for the individual physician as well as the college and profession at large to maintain our standard, and induce young men to take up the study of Homœopathy in order to supply the demand both for hospital service and the general field.

A vote of thanks was extended to our Chicago visitors for their help and inspiration in making this one of the best and most interesting meetings ever held.

Society adjourned.

A. W. Blunt,
Secretary.

E. A. Sickels,
President.

TEXAS HOMŒOPATHIC MEDICAL ASSOCIATION.

To the Homœopathic Physicians of Texas:

The twenty-third session of this association will convene at Dallas, October 23 and 24, at the Oriental Hotel, at 10 A. M. State Fair railroad rates will be obtainable on all roads.

Attention is called to the fact that next June the American Institute of Homœopathy holds its meeting at Oklahoma City, and those of the Texas profession who will wish to attend and unite with the Institute must first obtain membership in their State association. They should, therefore, not fail to present their applications at Dallas, and, if possible, attend in person. The membership fee is $2.00, annual dues, $1.00. Applications should be sent to the secretary, together with membership fee.

Papers are requested from old or prospective members on subject of their own choice. If not able to be present, please send paper to Dr. W. F. Thatcher, Dallas, in order that the association may not lose the benefit of it.

The opening reception of Kansas City Hahnemann Medical College was held at the college building, Tuesday evening, September 10th. Besides the faculty and students, there was a goodly number of friends present. Dr. Frank Elliott, dean, presided. Short addresses were made by Drs. W. A. Forster, Chas. Ott and E. M. Perdue. The dean declared the college formally opened for the sessions of 1907-8, and the affair was over. Lectures were begun the next morning. (Forum.)

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

Lancaster Office, 9 N. Queen St. San Francisco Office, 330 Post St.
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OCTOBER 1, 1907.

Editorial.

A SIGN OF THE TIMES.

In one way a sign of the *new* times, in another way a sign of the *old*. It's the old appeal to individualize. It's the old belief, nay, the old *knowledge* that in order to combat disease successfully we must treat that one case, not that class of cases; we must treat that one individual, not a room full of patients; we must use a remedy in its own particular field, not expecting it to do work where it is not indicated. And the "Sign of the Times" is that so-called scentific medicine is looking toward a time when it shall be *the real thing*, not merely *so-called*.

And why this? Well, we read in the Independent, a fine layman's periodical, a discussion by Dr. Thos. F. Reilly, Professor of Applied Therapeutics, Fordham University, on "The Effects Produced by Drugs." With all of it we do not agree, and some of it we might be justified in criticizing because it shows exaggeration and the use of terms certainly not generally found in medical dissertations even though they are only semi-scientific and intended for the general public.

And, too, we want to take exception to a statement found early in the paper. "Just how drugs act was practically unknown until Schmiedeberg, forty years ago, first approached the subject from a scientific standpoint. He was the first to put animal experimentation on a firm basis. Since then it has become the rule thoroughly to test drugs on animals before they are given to human beings." At first thought one would think such a man as Hahnemann had never existed, and such work as he accomplished had never been done. It sort of dazzles one to read that sentence. And yet, and yet,—no, Hahnemann probably did not know "how drugs act" if that knowledge required definite understanding of the exact action of drugs upon cell structure, so perhaps we should pass that statement; but he *did* know *what effects* are produced upon the healthy organism by drugs, and this he learned by actual experimentation upon human animals, experiments conducted in the most scientific (if there can be a much, more, most scientific) way at that age possible. So. Dr. Reilly is just about sixty years out of date, as it were.

Listen. "If all drugs acted in the same way in all individuals their administration would be an easy matter, but in from 5 to 10 per cent. of our patients there occurs an entirely different effect from that ordinarily produced." Quite true, Dr. Reilly, but we would raise your percentage. It's quite the rare exception to find two individuals exactly alike, and that being true, how could you expect to have a remedy act exactly the same on these differently constituted and constructed ones. So your percentage is too low and your statement is true, and that's what Hahnemann claimed and demonstrated along about 1830.

Dr. Reilly very sagely remarks that "Light complected people stand Belladonna badly, while children can take more arsenic relatively than adults, and so on. If he had gone on a little farther, he might possibly have said that such an inactive and non-medicinal substance as Lycopodium would, if triturated properly, develop a decided tendency towards curative action in conditions abnormal, which developed symptoms principally right-sided, and that the reverse is true of the poison of Lachesis trigonocephalus. And he might have said something about different diseases being influenced by changing weather conditions, and, therefore, requiring different remedies. But he has not progressed quite that far in his development.

He has, however, had something to say in a very definite way about the *tendency* to give a remedy for forty things when it is found to be indicated in one of the forty. He says: "Many fallacies as to the action of drugs are continually met with. There is probably no drug that has wider popular use among the laity than quinine. All ailments and fevers are treated by it, and almost every one who contracts a cold takes as much as he or she can stand, yet with the exception of true malarial fever, a by no means common disease in northern latitudes, it has very little value." The sentence is somewhat marred by "among the laity;" for the whole truth, omit the words, then the statement will include old school doctors, and it will get nearer to the point in mind that remedies are used to-day in the old school, we were going to say, indiscriminately, but it's hardly that. Still it is a fact that only recently has the opinion been gaining ground that to cure it is a necessity that the remedy and the patient and the quantity of medicine each must be individualized, first, last and all the time. There are homœopathic remedies on the allopathic shelf to-day because it

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was recognized as a fact that Rhus does not cure every rheumatism, and Mercurius corrosivus does not stop every diarrhœa. The remedy *must* be indicated homœopathically or it won't act curatively.

Now, there is a lot more of interest and profit in Dr. Reilly's paper, but we have brought out what was its most important point, "A Sign of the Times," that the advanced men of the old school are recognizing what may be fairly termed Hahnemannian principles that in order to intelligently treat disease drugs must first be demonstrated on healthy organisms, and that when a drug has been proven to be curative in a certain pathological field it must not be taken for granted that it is curative in *any* field. Drugs *have* a sphere of action, and outside that sphere their ability to produce curative results is at best only very limited.

Oh, yes, he says, another very interesting thing just as he lays down his pen. "With two or three exceptions, drugs of themselves do not cure disease, but they make the cure of disease possible." Perhaps, and perhaps not. Possibly it is just as you may look at it. A very interesting article might be written on that subject.

THE X-RAY.

That the possibilities of the Roentgen ray have not been realized has recently been demonstrated by F. Dessauer before the German Society of Physics. As an agent for diagnosis the ray has been of to a large extent confined to the treatment of fractures. As a therapeutic agent its usefulness is peculiar to the surgeon in his handling of bone superficial conditions. The limitations of its use in each field has been confined to its capacity for penetrations. For cranial work it has been unsatisfactory, and only in the hands of the most expert have anything like good results been obtainable, the difficulty being in the bony obstruction met with. The Dessauer rays, however, have an extraordinary penetrating power, piercing the bone almost as readily as the flesh, so that a radiograph of the hand made with these rays showed hardly an image of the bones.

Then, too, from a therapeutic standpoint there is a great advantage in their use. With the ordinary X-ray the energy at the surface of the body is one hundred times more intense than at a depth of five millimeters in the tissues. With the Dessauer ray the depth of penetration is multiplied manifold, so that it looks as though a decided advance in electrotherapy had been made by Prof. Dessauer, and the world is indebted to him for it.

From ten to twenty minims of Dioscorea villosa in hot water every ten minutes, will relieve severe cases of bilious colic almost invariably.

EDITORIAL BREVITIES.

Aggressive Organization.

This ought to be the watchword for the homœopathic school. A stop should not be considered until a majority of the members of our school are enrolled as members in both the Institute and the State societies. And the work is going on not slowly, but rapidly. In Ohio, in May, the State society increased its membership twenty-five per cent., and in September, in Pennsylvania, the State society followed with an increase of over twenty per cent. Two years ago Illinois increased her membership about the same proportion.. Now why could it not be done all along the line?

The six leading State societies have a reported membership of about 2,400 in the aggregate; New York, 570; Illinois, 500; Pennsylvania, 500; Massachusetts, 363; Ohio, 260; Iowa, 205. If this number were increased twenty-five per cent. it would mean 3,000 members, and if the other States were to follow suit the number would go up to something like what it ought to be. And it can be done.

Furthermore, every new member of the State society should become a member of the Institute at once, and that would mean a substantial increase in the membership of that body.

And if we are to maintain our entity as a separate school of medicine something like this must be done. We are at the parting of the ways. As the methods of the business world have changed so must the methods of our professional world, and the great necessity is for a stronger, closer union between individuals.

So let us all go to work more willingly than ever before. Push the idea of gaining strength for our societies and of organization of new societies all over the country. Then we can feel secure, and not until then.

The Pat on the Back.

Of course, you've noticed it. It's the rule in every society. And sometimes, nay, too often, there is nothing apparent but the pat on the back. And why not? It makes both the giver and the recipient happy—that is, it does sometimes, fortunately not always.

Lately we've been looking over some discussions following the reading of papers in society sessions. Truly, if the editor could cut out all but the discussion pertaining to the subject there would be only a little to print. Following some of the papers there was nothing but some fulsome praise telling how good and great and wise a man is the author of the paper, and in most cases it was and is a fact; but when it comes to discussing a paper, why don't we do it? What's the use of taking up valuable time and more or less valuable energy with this laudation? Suppose we should take all that for granted and not say anything about it, who'd be hurt? And the society would not have to adjourn sine die with only about three-fourths of the papers

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read and the Bureau of Materia Medica with eight papers or more in sight absolutely cold shouldered.

And while we're writing about papers, why not register a "call" on society programs in general. Just think of a meeting with a total of twenty-one hours for all its work, business and scientific, and there were sixteen papers from the Bureau of Surgery, and it was given the place of honor at the head of the profession! One-fourth of all the papers on the program were on surgery, and there were eight other bureaux. Some time we are going to propose a plan for a revolution along this line—but we can't now for the printer man is waiting.

Editor's Table.

GENERAL NOTES.

Dr. Reginald B. Leach, after a ten years' residence in Minnesota, has returned to Paris, Texas. He writes us glowingly of his reception and prospects. Thus "The man from Texas" has again come to his own, and the Medical Century wishes him all manner of success.

Dr. A. B. Norton returned from his summer camping in the Yellowstone Park last month, and resumed his work. He lost no caste in his trip around the world, but to hear his stories about fish and game one would think that he regained caste of the iron variety. He should build an elevator up to his cheek so that any one could go up to see and admire it.

The Atlantic Medical College, formerly the Southern Homœopathic College, opens October first. New additions have been made to the corps of instructors, now numbering fifty-four. Several men have been procured from the Johns Hopkins Medical College to teach the scientific branches. The Maryland Homœopathic Hospital and St. Luke's furnish abundant clinical material.

Among the important societies meeting this month are the following: Northwestern Homœopathic, Rockford, Ill., October 10th; the Rock River Institute of Homœopathy, October 3d, at Clinton, Iowa; the Eastern Illinois Homœopathic Society, at Mattoon, Ill., and the Southern Homœopathic Association, at Louisville, Kentucky, on October 22d.

Dr. H. F. Biggar, of Cleveland, gave the opening address of the Hahnemann Medical College, of Chicago, and Dr. W. B. Hinsdale that of the University of Minnesota Homœopathic Medical College.

A dinner was given to President Copeland, of the American Institute of Homœopathy, by the San Francisco physicians on September first. Dr. H. R. Arndt presided, of course. Speeches were made, and Drs. Boericke, Worth, Palmer, Tisdale, Tomlinson, Watts, Crawford, Bryant, Manning, and all the others put forth their best efforts, and the affair was a great success. Dr. George W. Roberts, of New York, was the associate guest of President Copeland. The report of San Francisco's hospitality shows it to be the same as in the old anti-tremblor days.

In Portland, Oregon, President Copeland was entertained by Dr. C. A. Macrum, and in Spokane, Washington, by Dr. C. E. Grove.

Dr. Scott Parsons, of St. Louis, holds his surgical clinics at the St. Louis Children's Free Hospital, Jefferson avenue and Adams street, on Saturday mornings. It is an extensive and popular clinic.

The old Southern Homœopathic College is now known as the Atlantic Medical College, and the Denver Homœopathic College is now the Medical Department of the Westminster University.

For those who are skeptical as to Oklahoma hotel facilities, we will state that the Lee Hotel is building an annex, which will be seven stories in height with 120 rooms, sixty-two with bath and everything of the most modern. This will be completed before the meeting. The Threadgill Hotel is also to build an addition at once.

The Homœopathic Hospital and Dispensary Association of New Orleans has new quarters, and announces free clinic hours every day in the week.

Dr. Eldridge C. Price spent a month in the mountains of Western Maryland. The doctor has done much work in the reorganizing of the Atlantic Medical College, as the old Southern Homœopathic is now termed. Why not the Atlantic Homœopathic Medical College?

Drs. E. H. Condon and L. C. Rumsey spent their vacations in New Jersey.

Dr. J. L. Moffat has recovered from his illness, and announces his resumption of practice at 1136 Dean street, Brooklyn.

President Copeland has appointed the following committees: 1. For the purpose of establishing a board for the promulgation of the homœopathic doctrine and institutions and employing a field secretary and such office force as may be necessary to carry out its functions, Dr. H. R. Arndt, San Francisco, Chairman; Dr. H. F. Biggar, Cleveland; Dr. A. B. Norton, New York; Dr. J. P. Sutherland, Boston; Dr. George Royal, Des Moines; Dr. J. M. Lee, Rochester, N. Y.; Dr. W. B. Hinsdale, Ann Arbor. 2. Committee to confer with the committee in charge of the International Tuberculosis Congress to be held in Washington in 1908 to arrange for the due representation of homœopathic physicians in the Congress, Dr. E. H. Porter, New York, Chairman; Dr. Hills Cole, New York, and Dr. B. F. Bailey, Lincoln, Neb. 3. Committee to take steps to secure the establishment in State universities of schools, colleges or departments for the practical and adequate teaching of Homœopathy. The Council on Medical Education of the American Institute of Homœopathy has been made this committee.

Dr. C. E. Fisher has gone to Europe for a two months' trip of rest and recuperation.

The Critique publishes in its August issue an editorial on Oklahoma, and believes that the meeting will be a large and enthusiastic one. Progress on the other hand thinks a mistake was made in selecting Oklahoma. We will probably know more

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about it when President Copeland visits the meeting place in December, and gives his report thereon.

The Virginia Medical Monthly bemoans the fact that the American Medical Association now admits Homœopaths, eclectics and negroes, according to them all the privileges of the "regulars."

The Organon, No. 3233, is the name of a New Masonic Lodge in London, composed of Homœopaths.

Dr. Horace Packard returned from Europe on September 24th, and attended the meeting of the New York Homœopathic State Society in Brooklyn.

The new Iowa State Homœopathic Journal has appeared on our table. It is a creditable publication under the editorship of Dr. G. A. Huntoon. Its object is to promote Homœopathy and homœopathic sentiment in Iowa, to build up the State Society and University Homœopathic College. We welcome this new publication heartily.

Dr. George W. Augustin, of Detroit, is spending a few weeks in post-graduate and special work in New York City.

Dr. H. F. Biggar has issued a very handsome illustrated pamphlet, entitled "Compiegne and Personal Reminiscences of His Trip to France in 1906 With Mr. and Mrs. J. D. Rockefeller." It is very interesting reading.

Dr. E. D. Brooks, of Ann Arbor, has removed to Kalamazoo, where he practices exclusively diseases of the eye, ear, nose and throat.

We regret to learn of the death of Mr. A. B. Sawyer, the aged father of Dr. C. E. Sawyer, of Marion, Ohio, who has our sympathy in his sad affliction.

The opening exercises of Hahnemann Medical College of Chicago consisted of an interesting evening program with Drs. George F. Shears, H. R. Chislett and W. Henry Wilson, of the college faculty, and Dr. H. F. Biggar, of Cleveland, as speakers, a reception to the latter and a day of free clinics.

There is offered for sale a very choice collection of homœopathic books, old and new, including materia medicas, journals, etc. It is the library of an old homœopathic practitioner who was an extensive book collector, and will be sold complete or in single volumes. Address the editor of the Medical Century.

Dr. George F. Shears holds a surgical clinic at Hahnemann College every Thursday morning at 9:30. Physicians are invited to send indigent patients for free surgical treatment.

Dr. Freemyer, formerly of Benton Harbor, Michigan, has opened an office at No. 18 Canal street, Grand Rapids. Chronic diseases and surgery a specialty.

Dr. E. H. Pratt's free surgical clinic held at Hering Medical College on September 24, 25 and 26 was attended by about 200, and the report is that it was a great treat in all ways.

Dr. R. R. Rome and family, of Minneapolis, expect to go abroad in November for a four months' sojourn in the European medical centers.

Dr. and Mrs. W. E. Leonard, of Minneapolis, are contemplating a visit to the eastern cities this winter, where Dr. Leonard expects to do post-graduate work.

At Prof. E. H. Pratt's September class in orificial surgery, Minnesota was represented by Drs. Margaret Koch, of Minneapolis; Dr. Eugene Hubbell, of St. Paul, and ye scribe.

CLEVELAND NEWS NOTES.

The Pennsylvania State Homœopathic Medical Society at its recent meeting proposed the names of Drs. Gaius J. Jones and J. Richey Horner, of Cleveland, Ohio, for honorary membership. Dr. Jones is well known in homœopathic circles all over the country. Dr. Horner was for fifteen years a member of the society, and for five of these its secretary.

Word received from Dr. James C. Wood, of Cleveland, indicates that he has had a most enjoyable time on his trip through the Icy north. He is expected in Cleveland about October first, to resume his surgical work and his duties as professor of abdominal surgery in the Cleveland Homœopathic Medical College.

The first fall meeting of the Cleveland Homœopathic Medical Society was held in the college auditorium, September 18th. Dr. Earle V. Gray, read a very fine paper on "Enemata," the paper being based on the results following the use of the rectal tube in a patient who, afterward died of intestinal perforation and peritonitis. The paper was discussed by Drs. Jones, Biggar, Waltz, and others. Dr. H. F. Biggar entertained the society with "Reminiscences," talking interestedly in his own happy style. Dr. A. B. Schneider reviewed the work done with the opsonins.

The meeting was well attended, and the prosepcts for a successful season of work are considered very bright.

Dr. Earle V. Gray, of Cleveland, was recently elected pathologist for the homœopathic staff of the City Hospital, a position he is well qualified to fill by reason of his eighteen months of service at the Metropolitan Hospital, New York City, and his more recent service in the Pathological Laboratories of the Cleveland College.

Dr. H. F. Biggar, of Cleveland, is down for the opening address of the Hahnemann Medical College, of Chicago, at its opening, October 1st. He will also hold a gynæcological clinic the following day as a part of the opening exercises.

We are sorry to record the death recently of Dr. Kate Parsons, of Cleveland. She has left a record there which is truly remarkable. We doubt if there has been a woman who has accomplished more in her profession than she, and she has left a multitude of friends to whom her presence has been a blessing. Her activities in woman's work were never ceasing, and her greatest monument is the Women's Free Dispensary, of Cleveland, of which she was for a quarter of a century the active, living spirit. A volume could be written of her good deeds.

His Cleveland friends are extending to Dr. C. E.

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Sawyer, of Marion, their sincere condolence with him in the death of his father, Mr. Alonzo N. Sawyer, who for a number of years had made his home with the doctor. Mr. Sawyer during a life time of nearly three-quarters of a century, had made a splendid record of good deeds. He served through the entire Civil War. Dr. C. E. Sawyer is the only survivor of six children. The Medical Century extends sympathy.

Drs. James H. Thompson and H. Ballou Bryson, of Pittsburg, have removed their offices to the Fulton building.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, O.

The homœopathic school in this part of the State suffered the loss of a loyal Homœopath in the recent death of Dr. J. T. Sutphen, of Middletown, O. The doctor was widely known also in Masonic and other fraternal organizations.

Bethesda Hospital recently came into the possession of a Nurses' Rest Home through the generosity of Mr. and Mrs. John Kolbe It is a fine old country home, situated at Wyoming, about ten miles out from the city. The matron of Bethesda, Miss Louise Golder, invited the staff doctors and their wives to come out to the farm for a 6 o'clock dinner, Friday, September 13th. Knowing Miss Golder's unbounded hospitality, the hoodoo number thirteen had no terrors for the doctors. who attended promptly and numerously. It was a feast long to be cherished. Such occasions go a long way toward breaking the wearisomeness and monotony of the doctor's life.

Dr. R. G. Reed has been rusticating in the woods of Michigan for the benefit of his eyes and nose, viz., hay fever, while Dr. H. H. Wiggers has been at French Lick for the benefit of his stomach.

Dr. J. R. McCleary recently spent two weeks in New York renewing old acquaintanceship at the Ophthalmic.

Our own Dr. Walton was invited by the New York State Society to deliver an address before that body, Wednesday evening, September 25th. Those New Yorkers are wise fellows. They know, where to go for a good address.

Dr. F. W. Fichbach has returned, much improved in health, from a summer spent in New York and Michigan.

Dr. C. D. Crank and wife spent the month of August at Weque, Mich.

Dr. Ralph Wallace Reed, of Middletown, O., a Pulte graduate of some years ago, has just located in Hyde Park, one of Cincinnati's handsome suburbs.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. Louisa M. Hayes, of Minneapolis, died on June 23d, of recurrent cancer of the pelvis. Dr. Hayes had practiced in Minneapolis for over twenty years, and had a large clientele. She was the best friend one could possibly have, and was a noble woman.

Dr. De Witt G. Wilcox, of Buffalo, N. Y., has been in and about Minneapolis visiting friends and relatives and renewing his acquaintance with Minneapolis medical men, and incidentally making a pilgrimage to the medical Mecca at Rochester, Minn.

Dr. Harris, of Chicago, recently visited Dr. D. A. Locke, of Minneapolis, a classmate of Hahnemann, Chicago, 1883. Dr. Harris has just been out on the Pacific Coast.

Dr. Geo. F. Roberts, Minneapolis, spent parts of June and July at Rye Beach, N. H., and vicinity, returning well tanned and more rotund than usual.

Dr. and Mrs. Chas. H. Neill, Minneapolis, took their annual outing at Lake Mille Lac, Minnesota, in September.

Dr. J. T. Kent, of Chicago, passed through Minneapolis early in Setpember on his way to Mantrap Lake, in Northern Minnesota, for his five weeks of outing.

Dr. O. W. Carlson, of Milwaukee, spent some time on Upper Lake Minnetonka in August, but denied himself to his medical confreres of Minneapolis.

Dr. Henry C. Aldrich was in Chicago during Prof. E. H. Pratt's course, September 24, 25 and 26, at which Dr. Aldrich was one of the assistants.

Dr. Reginald B. Leach, of St. Paul, has again become "The man from Texas," having returned to his first love, Paris, Texas, very recently. A great loss to Homœopathy in the North Star State, but a distinct gain for the Lone Star State.

Drs. A. M. and E. G. Linn and families, of Des Moines, Ia., were in Minneapolis recently on their way home after an outing in North Dakota.

Dr. R. S. Copeland, Ann Arbor, Mich., was recently in the Twin Cities, but denied himself to his friends of the medical profession except by phone.

Dr. W. B. Hinsdale, of Ann Arbor, Mich., Dean of the Homœopathic College of Michigan University, delivered the opening address before the classes of the College of Homœopathic Medicine and Surgery of the University of Minnesota.

While in Minnesota Dr. and Mrs. Hinsdale were entertained by Dr. E. L. Mann, of St. Paul, and Dr. and Mrs. Henry C. Aldrich, of Minneapolis, entertained them at dinner, the other guests being Dr. and Mrs. B. H. Ogden, Dr. and Mrs. E. L. Mann, of St. Paul, and Dr. and Mrs. O. K. Richardson, of Minneapolis.

OBITUARY.

Dr. Harvey B. Dale,

Of Oshkosh, Wisconsin, died on July 30th, as a result of an operation for appendicitis. Dr. Dale was a prominent physician of our school, holding important positions in his State; was former editor of the Medical Visitor, a lovable character, and a learned gentleman. He graduated at the Chicago Homœopathic Medical College.

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Dr. Morris H. Goodrick,
of Jacksonville, Ill., died July 28th, æt. 50. Homœopathic Hospital College, Cleveland, O., 1881.

Dr. E. R. Eggleston.
Mt. Vernon, Ohio, June 18th, æt. 68. Cleveland Homœopathic College, 1875.

Dr. Charles B. Gilbert.
Washington, D. C., June 13th, æt. 60. Hahnemann, of Philadelphia, 1876.

Dr. C. P. Brown.
Toronto, Ont., June 14th, æt. 35. Detroit Homœopathic College, 1903.

Dr. H. W. Carter,
Of Cuyahoga Falls, died August 25th, æt. 66. Cleveland University of Medicine and Surgery, 1869.

Dr. R. R. Parcher.
Defiance, Ohio, August 21st, æt. 29. Cleveland Homœopathic Medical College, 1904.

Dr. Jno T. Sutphen.
Middletown, Ohio, August 29th, æt. 57. Hahnemann, Philadelphia, 1871.

Dr. Katherine Parsons.
Cleveland, Ohio, September 3d, æt. 75. Cleveland Homœopathic College, 1873.

Dr. Mary M. Stokes.
Rockford, Ill., June 26th, æt. 37. Hahnemann Medicall College of Chicago, 1896.

Dr. E. D. Buckner.
Osceola, Neb., August 6th, æt. 64. Hahnemann Medical College, Chicago, 1885.

Dr. E. B. Crisswell.
Edwardsburg, Ind., August 2d, æt. 49. Cleveland Homœopathic College, 1883.

Dr. R. L. Dodge.
Portland, Me., July 28, æt. 66. Boston University School of Medicine, 1875.

Dr. C. S. Thacher.
Chicago, May 31st. Cleveland Homœopathic Medical College, 1880.

Dr. W. F. Detwiler.
Hellertown, Pa., June 8th, æt. 85. New York Homœopathic College, 1849.

Dr. John B. Brooks.
Hot Spring, Ark., June 15, æt. 67. New York Homœopathic Medical College, 1864.

Dr. G. E. Dennis.
Minneapolis, Minn., May 22, æt. 67. Hahnemann, Chicago, 1883.

Dr. B. F. Little.
Columbus, Ind., May 17th, æt. 88. Chicago Homœopathic Medical College, 1877.

Dr. C. G. Tell.
Braddock, Pa., July 23d, æt. 58. Homœopathic Hospital College, Cleveland, O., 1881.

Dr. Belle A. Foote.
Richland, Iowa, July 11. Hahnemann Medical College, Chicago, 1906.

Dr. Samuel Bishop.
Bloomington, Ill., July 20th, æt. 81. St. Louis Homœopathic College, 1870.

Dr. J. E. Russell.
Brooklyn, N. Y., July 21st. New York Homœopathic Medical College, 1880.

Dr. J. H. Otis.
Poughkeepsie, July 30th, æt 35. New York Homœopathic College, 1892.

Dr. H. K. Hay.
Altoona, Pa., July 5th, æt. 57. Hahnemann Medical College, Philadelphia, Pa., 1881.

Dr. H. W. Fulton.
East Liberty, Pa., June 23d, æt. 69. Hahnemann, of Philadelphia, 1872.

Dr. John Dietrick.
Youngstown, Ohio, June 23d, æt. 62. Missouri Homœopathic College, 1873.

Dr. O. B. Bird.
Santa Barbara, Cal., June 3d. Hahnemann, Philadelphia, 1864.

Dr. Mary Brewer.
Germantown, Pa., July 20th. New York Medical College for Women, 1894.

Dr. B. F. A. Kueny.
Dayton, Wy., June 18th. Hahnemann, of Chicago, 1878.

Dr. H. Lilly.
Butler, Ind., September 4th, æt. 60. Cleveland Homœopathic College, 1878.

Chionanthus

In teaspoonful doses every three or four hours is a hepatic stimulant. It will relieve jaundice of a functional rather than a structural origin. Chionanthus will not cure when there is organic lesion causing obstructive jaundice, nor will it have any perceptible good results in cirrhosis of the liver. It is only in those cases where there is general apathy, drowsiness, constipation and dull pain in right hypochondrium that Chionanthus will do good. Given in such cases it should be persisted in in gradually increasing doses until results are obtained. Chionanthus will not cure all diseases of the liver. We sometimes expect too much from our remedies, when in fact their fields of usefulness are limited. If a remedy will do one thing well and do it every time, that is all we ought to ask.—Eclectic Journal.

Staphysagria.

I have suggested this remedy constantly when there was a persistent discharge in patients I have had suffering from acute gonorrhœa, where the active symptoms had all abated, and nothing remained but an occasional drop. I have also found it of advantage where, with or without this condition, there was irritation of the testicles, of the vesiculæ seminales, or of the prostate glands, where the urethral discharge was muco-purulent or gleety in character.

I have also given it in conjunction with Collin-

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sonia or Hamamelis where there was threatened varicosed veins. I have given it in much larger doses than most observers, having increased the ordinary specific medicine until I have given five drops three times a day. This, however, I would not advise for constant use, as the remedy is poisonous, and I believe from two to three drops should be the maximum dose.—Ellinwood.

Sticta Pulmonaria.

Sticta pulmonaria is prepared from the lichen known as lung-wort, which grows freely in the United States, especially in the northwestern part. The remedy is administered in doses of from 1-10 of a minim to five minims. However a small dose is usually sufficient. If twenty drops of the specific medicine be added to four ounces of water and given in dram doses, the characteristic effects of the remedy will result.

It is indicated in any disease within the chest which is accompanied with short, shooting pains beneath the scapula, or with pain and soreness in the shoulders or pain extending from the occiput down through the shoulder blades. It is useful in irritable coughs, especially that form of cough which is short, sharp and hacking in character, and which prevails in the early part of the year. It is thus found valuable in the treatment of many forms of subacute or chronic bronchitis, especially if, with the cough, there is tightness of breathing or wheezing suggestive of asthma.

It is beneficial also in certain forms of nasal catarrh and has been used in whooping cough, and croupous cough; in soreness or dull pain in the chest or in the extremities, or pain in the expiratory muscles, which is increased by deep breathing.

There is a form of pain in the occiput of doubtful origin, often attributed to neuralgia or rheumatic causes, which at times is due to irritation at the base of the brain, which will be relieved by this remedy. In any form of rheumatism which involves the shoulders or muscles of the chest, this remedy can be given with advantage.

This form of nasal catarrh in which there is a dull, tearing headache, with severe pain through the eyes or through the face or head, just below the eyes, involving the post-nasal structures, with pressure at the root of the nose accompanied with sneezing and watery eyes, is relieved by this remedy. In its specific field the remedy is prompt and reliable and almost invariably gives satisfaction (Eclectic Med. J.)

Animals Heal Themselves.

No respectable sheet should in these days be lacking in observations on this subject; the following, for which we are indebted to the Providence Journal, are therefore submitted: Animals are good amateur doctors, though admittedly they cannot compete with professional practitioners. For instance, the elephant, when wounded, goes straightway into the water and bathes there so long as his fever lasts, standing for many hours in the stream and squirting with his trunk the cooling water over his head and back. "It is pathetic to see him at this work; he is so patient over it, and all the while he heaves such deep sad sighs." And when he has a nasty open cut he plasters it up neatly with mud. Dogs and cats, when they are ill, know the medicine they need; the former will eat speargrass, and the latter will approximately enough dose themselves with valerian, maxum and catmint. All animals like to visit the salt licks at certain seasons; these are not licks of rock salt but of medicinal salts, such as we frequently take ourselves. There have even been stories of bird surgeons—birds that have set their broken legs and tied them up with string. But these, we fear, are the fabrications of nature fakirs. The others, however, our much esteemed exchange declares, are gospel truth.

Medical Legislation.

For the regulation of the practice of medicine, State laws should be uniform. The different associations of medical colleges should unite on a uniform standard of admission, curricula of hours and studies, and requisites for graduation. All colleges should be under State control. Diplomas should be evidence of attainments and sufficient qualification to register in any State. A diploma issued in Maine should entitle the possessor to register in California.

Our medical laws are worse than the worst trade union laws. In trade unionism a card entitles the possessor to pursue his vocation and earn his living. A medical diploma carries no such right or privilege. The medical practitioner must appear before a medical board and be brow-beaten and insulted as if possessed of no rights worthy of respect.

Our State has the poorest excuse of any. The applicant for a license to practice his profession is examined on everything but medicine and surgery. He is allowed to register if he passes a technical examination in collateral branches. No practical knowledge is required. A man who has memorized his quiz compends can pass the required examination without any practical knowledge (California Med. Journal.)

From Suture.

The new Detroit College Journal:

These are busy times for the registrar of the Detroit Homœopathic College.

Never in the history of the college have so many applicants presented themselves for particulars as to entrance requirements, etc., but the registrar and assistant registrar are never too busy to talk to prospective students. The latch strings are out at both offices and information always on tap.

Have you seen the college building lately; spick and span from top to bottom inside—and it is the condition of the inside that counts.

When you visit the college don't fail to take a look at the library on the top floor. Lots of good working books by standard authors, and should be a great help to the students. Everyone is enthusiastic, and the course this year should be the best ever given.

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Orificial Surgery.

ADHESIONS.

BY FRANK C. TITZELL, M. D., PROFESSOR OF SURGERY, THE STATE UNIVERSITY OF IOWA, IOWA CITY.

My apology, if one is needed, for bringing this subject before a society of orificial surgeons, is first, that all operators, be they orificialists or general surgeons, meet with adhesions, and, therefore, ought to be interested in the subject, and secondly, from a purely selfish standpoint in that I wish to learn something myself, from the discussion that I hope may follow.

I shall confine my paper to adhesions that take place within the abdominal cavity. We are all aware that what is sometimes an apparently brilliant result after an abdominal operation, is marred by the after-effects due to extensive post-operative adhesions that are worse than the original disease. In fact, some of the most serious operations that a surgeon is called upon to perform are for the relief of conditions that are wholly the result of adhesions.

Anything that injures or abrades the serous covering of the viscera enough to destroy the delicate endothelial cells, thereby causing an exudation of lymph, renders them liable to an agglutination with whatever structure they may come in contact.

Normally the tractus intestinalis is freely movable within the abdominal cavity, and an adhesion of any part of it will interfere with peristaltic action. This results in constipation, symptoms of indigestion, colicky pain and general discomfort. The amount of disturbance produced depends upon the portion of the tract involved, the extent of the adhesions and whether or not the caliber of the bowel has been materially diminished.

Again, the results of adhesions may appear soon after an operation or they may come on gradually, extending over a period of several years. The point is, they are a source of great discomfort to the patient, and often a menace to his life when present to any degree.

During the past year it has been my privilege to operate a number of times for the relief of troubles due to adhesions. I will briefly relate three of these cases.

Case 1.—Mr. K., age 45, American merchant. For years has had frequent attacks of what was diagnosed as recurrent appendicitis. The last attack was about three weeks before coming into the hospital. His bowels were obstinately constipated, and, in fact, at times were almost completely obstructed, and were only relieved by great effort with high enemas, oil, cantharis, etc.

From the history of the case these attacks were at first undoubtedly appendicitis. Upon examination, however, no tumor could be found, no tenderness at McBurney's point, but there was a general dullness on percussion in that locality. Operation was advised. The appendix was found after some difficulty bound up in a lot of adhesions and removed. The intestines in this region were tied together in one great mass, and it was only after long and careful work that they were separated. In one or two instances the peritoneal coat was torn in freeing the bowel, but it was immediately repaired. Some adhesions were tied and cut, some were torn and others were separated through a line of cleavage as recommended by Kelley in his abdominal surgery. In every case possible the raw surfaces were covered.

The man made a good recovery from the operation, went home in three weeks, and was comfortable for a couple of months. His bowels again began to be constipated, and he is now, five months after the operation, having the same colicky spells and the same constipation tending toward obstruction as he had before. It is only a question of a short time when he will be in the hospital again for relief from constipation of the bowels.

Case 2.—Mr. S., age 30, American farmer. Was kicked by a horse in the lower right abdomen ten or twelve years ago. Was laid up several days with what seems from the history was a local peritonitis. Frequently following this has had attacks of colic that were diagnosed as appendicitis by his attending physician. He was operated upon two years ago for that trouble, and his appendix removed. Since then he has the same kind of attacks of colic, only much more severe in character. They have grown in frequency as well as in severity until he now requires a hypodermic of morphine to relieve the intense suffering that he experiences with each recurrence. The bowels have approached complete obstruction on several occasions as in the former case, and it was in this condition that he was referred to my clinic.

The abdomen was opened and a worse lot of adhesions I never have seen. They were everywhere, and especially in the lower right quadrant of the abdomen. They were broken up, tied off, and separated carefully until the intestines were free. I was satisfied from the condition found that this man never had appendicitis, but his trouble was due to

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adhesions from the previous traumatic peritonitis. At least it appeared as though the adhesions following this early inflammation had not been disturbed at the time of the removal of the appendix and hence no relief was obtained.

He remained in the hospital three weeks and went home with what seemed a perfect recovery. His bowels were normal and remained so for three months when they again became constipated. Since then I have had several letters from him, and he informs me that he is gradually getting back to where he was before I operated upon him. In my opinion it will be but a short time before he, too, will have complete obstruction from more adhesions.

Case 3.—I was called three weeks ago in consultation to see a woman 23 years of age, who had been operated upon four weeks previously for the removal of a large ovarian cyst. Her attending physician, who assisted in that operation, informed me that the cyst was adherent to the abdominal wall over a large area, and that the omentum and intestine were adherent to the cyst as well as different portions of the intestines being adherent to each other. She recovered from this operation, returned home and had begun to attend to some of the lighter household duties. She became constipated and grew worse rapidly. In three days nothing passed her bowels and nothing seemed to be of any use in bringing about such a result. She began to vomit, and, in fact, soon vomited everything that was put into her stomach. There was a complete obstruction at the time I was called. She was then back in the hospital, and an immediate operation was advised, as all the ordinary measures had been exhausted with no results.

Upon opening the abdomen the intestines and omentum were found adherent to the whole of the right, lower abdominal wall, where the cyst had previously been fast, and the intestines were adherent to each other in several places, and also to the former median line incision. They were separated carefully, but the patient nearly collapsed on the table, and it was with some difficulty that she was kept going until the obstruction was relieved. She was finally put to bed. She rallied for a few hours and died.

Right here comes the selfish motives for presenting a paper on this subject. I want some one in this society to tell me how to prevent such unfortunate occurrences as those I have just related. I would like to have some one tell me how to prevent the recurrence of adhesions after they have been broken up. How, in fact, to avoid these secondary operations.

The means I have employed to prevent adhesions have been, first, during the operation I have handled the intestines as little as possible. I use long strips of gauze to wall off the part of the abdomen and the intestines not involved, keeping the latter well out of sight. All the raw surfaces are carefully covered, and the leaving of exposed stumps avoided whenever possible. The denuding of intestines by stripping them of their peritoneal coat in separating agglutinated portions has been avoided, and when it has occurred, as occur it occasionally will, no matter how careful the operator, these surfaces have been immediately covered by bringing the torn edges together with Lembert sutures, covering with a piece of omentum or both, as might seem to be indicated.

I have made it a point to stop all oozing and to remove all blood clots, for they frequently become organized and make adhesions. The abdominal cavity is wiped dry before closing. I have also tried filling the abdominal cavity with normal salt solution at the time of closure, but with no better results.

My post-operative precautions have been, first, after the patient has rallied from the shock of the operation and after nausea and vomiting, if any from the anæsthetic, have ceased, the patient's position is changed several times each day. He is directed to lie on his back, then on the right, and on the left side, in this way constantly changing the position, location and contact of the intestines.

After the operation the bowels are kept moving by means of cathartics, enemas, etc. I do not believe in extreme catharsis before an operation as advocated by so many, for the reason that when reaction comes, as come it will, the bowel is in a semi-paretic state, and hence in just the best condition possible for adhesions to take place.

The Cargile membrane I have not used. This, as you know, is the peritoneum of an ox, prepared in sheets about five inches square, in much the same way as catgut is prepared. It has been experimented with for some time, these raw surfaces being covered with it, but from all reports the end results have not been flattering. In many cases it acts as a foreign body, therefore as an irritant, and favors exudation and adhesions rather than prevents them.

Dr. DeWitt G. Wilcox, of Buffalo, in a paper at the American Institute of Homœopathy, which can be found in the transactions of that society for the year 1905, gave us an excellent report on this subject, and the conclusions that he comes to are in sum and substance what I have just given you, so for that reason I have not deemed it worthy of a trial.

These are the only methods of preventing adhesions that I know anything about, and I have come to the conclusion that there is but little to them. My conceit, if I ever had any, concerning the handling of these cases, has suffered a severe setback, so if there is any one here who can enlighten us on this subject, I for one will be glad I brought it to your attention.

THE CONQUESTS OF ORIFICIAL SURGERY.

BY A. B. GRANT, M. D., ALBION, MICH.

Less than three centuries ago when Harvey discovered the circulation, the medical practice was elevated from a crude art to a quasi science. Twenty-five years ago antiseptic surgery was an infant scorned and disowned like the infant babe found in the manger nearly 2,000 years ago. Twenty-five years ago surgery of the brain was as unexplored as the jungles of Africa. Abdominal and plastic surgery was anxiously waiting for the daring specialist

to take possession of the field. The revelation that chronic diseases could be cured by a surgical method would have been a prophecy. So we meet to-day to pay our tribute of respect to the young man of orificial distinction who has just reached his majority. His conquests have been the restoration of thousands of physical and mental wrecks which could not have been cured by any other therapeutic auxillary under heaven.

About five years ago an eminent specialist of the eye and ear residing in the second city of my State was taken with suicidal mania following a long period of melancholia, during which time he had acquired the drug habit, beginning with morphine, used by hypodermic puncture, and finally alternating with cocaine. He was also a cigarette fiend, but not in the sense of being an "arch enemy" to cigarettes, but rather a cigarette boose fighter. Neither did he have any scruples against intoxicants of all kinds. He admitted to me that he had carried a revolver for six months purposing to blow his brains out, but refrained because of the loyal interest a great, large-hearted, broad-minded woman had taken in him, who later became his wife. One day I responded to a telegram from this lady, saying, "Come quickly." Upon arrival I found the doctor so profoundly insane that he was completely oblivious to my presence, as I learned the next visit a week later. Another friend of the doctor, Dr. J., and myself persuaded him to inhale some chloroform for the ostensible purpose of making an examination of his painful and protruding piles. While under the anæsthetic I clamped off a bouquet of hæmorrhoids protruding as large as my fist, and removed a long redundant foreskin. For this act the doctor swore revenge on me for two or three months, when he said, "He wouldn't have that d——d foreskin back for $500." The doctor continued to improve physically and mentally, discarding all narcotics and intoxicants. The following year he located in a neighboring city because of his humiliation in his own city, and to-day is a perfect type of physical development, weighing 190 pounds, and enjoying the reputation at least of doing the largest practice in the city where he resides.

This case is unusually interesting, first, because it comes within our own professional household; and second, because it plainly demonstrates the possibility of curing insanity by removing and curing physical causes. What are our asylums doing to emancipate its inmates from the most cruel bondage of human slavery that language can portray? Of course, I am not hinting at the incurable insane. To draw a line between this class and the curable in some instances I am not skillful nor wise enough to do. But I am convinced that a large per cent. of the so-called incurables are curable under proper orificial treatment. Two or three years ago I was asked by the father of a patient in the Michigan asylum at Kalamazoo to visit the young man with him for the purpose of examination to ascertain if in my opinion there was anything along the lines of orificial treatment that would promise relief to his homicidal mania. We called at the asylum office, and after being interrogated as to what my method of treatment for such cases would be, I was informed by the doctors in charge that I could not be permitted to see this patient for examination as it was stirctly against their policy to be dictated to in their line of treatment by outsiders. One of the young medical assistants had the impudence to tell me that orificial surgery would not cure the insane. I asked him if he had ever experimented with it on any of their patients. He replied, "No, they were not experimenting with fads." I told him I was pleased to learn this fact, but regretted to know that they were holding themselves so strenuously to keep out the "fads" that they were also excluding the truth. If you continue this policy your followers will know less in one hundred years hence than you know to-day.

So long as asylum management is controlled by political appointment we cannot expect the attributes of medical tolerance, liberality and true culture to exist in its appointees.

It has become such a common thing for orificial surgeons to cure asthma, it is scarcely possible to create any enthusiasm in the matter except with beginners. What a simple act to cure asthma in a boy by loosening the foreskin and circumcising, or an adult by removing pockets, papillæ and dilating the rectal sphincters? And in females by supplementing the rectal work with plastic repairs of the cervix and perineum, relieving a hooded clitoris, etc. What is it worth to know how to do these things? What is it worth to the patient? What is it worth to know what the ordinary gynæcologist does not recognize, viz., the significance of scar tissue and the curative results of its removal from the internal os? What is it worth to know the office of the sympathetic nerve and its relation to the law of reflexes? To be able to locate the cause in many cases—not all—of asthma in an irritable rectum or impingement of nerve terminals in and about the internal os? To be able intelligently to locate and remove the cause of periodical headache, vesical irritation, tachycardia and palpitation, and that multiple, hydraheaded, composite brute known as dyspepsia and its resultant constipation?

During the past two decades the conquests of general surgery have been great. The conquests of antiseptic and abdominal surgery have been greater. And the conquests of orificial surgery have been greatest.

PHYSIOLOGICAL TREATMENT OF THE MECHANICAL UTERINE DISORDERS.

BY E. D. KELLY, M. D., EVANSTON, ILL.

Much has been said and written upon the symptom complex of cervical laceration and uterine disorders, and the female laity has been much operated upon for the same—unnecessarily, too,—when our focus of attention might have been more profitably

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directed to the elimination of a sapræmia. For the systemic and local troubles following child birth are very frequently due to infections through abrasions or lacerations rather than to the scar.

Arraying the whole gamut of pelvic and systemic derangements following child birth against the tiny scar, it seems reasonable to ascribe the majority of the diseases to infections rather than to the scar, since the scar is not pathologic until old and hard, and most of the ailments are established long before the scar becomes hardened.

Some late authorities assert that unless the cervix partakes of the hypertrophy or inflammation, the trouble being confined to the body of the uterus or to the appendages, the scar can not be the cause. The true lesion is generally a degeneration of the substance of the uterus and its replacement by infected or embryonic tissue of sluggish vitality.

We are not forgetting the discordant or interrupted vibrations of the sympathetic nervous system due to some focus of irritation.

All honor to the great father of orificial thought, the keen searcher after and the skillful remover of disease-making pathology. Yet we know that he has so kept abreast of the times that he believes in all the measures that go for the "healing of the nations."

Our only therapeutic means of handling female diseases can not be surgery, tamponage, douches, internal prescribing. Any carpenter that had only a saw and hammer would often find work he could not do. So a physician with his pill bag or scalpel will often discover marked limitation to his resources.

In the treatment of orificial disorders this paper has only to do with a few of the many. The electrical and vibratory treatment for the menorrhœas, metritis, endometritis, cervicitis, ovaritis, salpingitis, fistula, stricture, constipation, hæmorrhoids, etc., are decidedly more scientific in their action than the older methods and certainly more rapid.

A number of practitioners owning physiological appliances have told me they did not use their apparatus because they couldn't get results. In several instances these men subsequently asked if they should not have used a current or vibrator in a certain way, and invariably they were radically wrong. Their failures were due to their studentship not to the laws of electricity or vibration.

The disorders ordinarily classified as mechanical are worth our consideration. Possibly the physiological treatment of procidentia, cervical laceration, uterine flexures, subinvolution is not well known.

The directing of a negative galvanic current plus Faradism through an old scar will eliminate the offender and dissipate the subjective symptoms unless there is a local infection of the uterus or appendages, In which case a general eliminative treatment will be necessary and will respond to the indicated polarity and amperage.

Vibratory massage, Faradism and positive galvanism in first and second degrees of procidentia will very frequently save the patient from surgical procedure, and has the additional advantage of leaving the organs vitalized rather than devitalized.

In the menorrhœas due to the uterine flexures, nothing compares with the graduated intro-uterine sounds on the negative galvanic pole to give permanent relief. Impossible pregnancies due to flexures have yielded positive results after a few negative seances.

Permit me to present two cases that will bear me out in my plea for physiological therapeutics in mechanical pathology that seems to demand surgery:

Mrs. McC., age 35, mother of two girls; suffered for two years from subinvolution, endometritis, cervical laceration and hypertrophy, second degree, procidentia; nausea and general debility; backaches and pains; slight mental aberration between menses. The condition was one that promised to be malignant at the menopause. Tamponing, massage, internal medicine had done her no good. Six treatments with the negative galvanism through the scar with Faradism and spinal vibration to promote elimination and to normalize nervous energy was the initial procedure. The treatments were always given with the uterus in its proper position. From the first there was an improvement in the procidentia, and in the general symptoms that were probably due to the pinching of the scar. The case was symptomatically cured with intrauterine positive galvanism and vibratory massage to selected spinal places. Nearly two years have elapsed and she remains well.

Mrs. T., age 26. First menstruated at 14. Began suffering from dysmenorrhœa at 18; said to be due to bicycle riding. Her pains at each period were the worst I've ever seen. Nothing but large doses of morphine would afford her any ease. She had been curetted for membranous dysmenorrhœa, from which tampons, medicines of all sorts never gave her the slightest relief. An examination revealed an undersized uterus with a cervix pointing upward, the corpus uteri directed down, laterally and forward making an acute flexure at the internal os.

Having been married three and one-half years with no history of pregnancy, she despaired of ever experiencing motherhood.

Negative galvanism with graduated intrauterine sounds were tried with some success, giving her two painless menstrual periods, but the dilatation could not be thoroughly done on account of the pain of the treatment. She was, therefore, anæsthetized twice and electrical dilatation with negative galvanism properly given. Three painless periods were followed by amenorrhœa for twelve months, during which time she gestated and was delivered of a normal baby now three months old.

A PLEA FOR CIRCUMCISION IN CHILDREN.

BY MARGARET KOCH, M. D., MINNEAPOLIS, MINN.

I believe the medical profesison is the only one the members of which are expected to lessen the work they have been trained to do, and the doing of which only brings them an income. The physician, however, is expected to teach people to keep themselves well, is expected to do all in his or her power to improve the general conditions that make for

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better health for the community, are expected not only to cure disease but to prevent it.

Physicians everywhere are doing what they can to improve sanitary conditions generally, and by proper disinfection and quarantine measures prevent many cases of infectious and other diseases. Few, however, are giving much attention to the prevention of disease from within. In a general way they try to build up the system and improve the resistance of the patient, but they do not go far enough and seek for irritations of the sympathetic nervous system.

Observing the marvelous results which sometimes follow orificial work, one is justified in thinking that sympathetic nerve irritation may be back of an immense amount of physical and moral disease, and I think I am sometimes even more surprised at the change in the moral nature than the physical, and wonder if much of the delinquency and truancy of young people is not due to this cause. Judging from the cases I see I might be pardoned for thinking that the need for circumcision in children is almost universal. There are probably some who do not need it, but they seldom find their way into the doctor's office.

Circumcision in the child is, I believe, the "stitch in time" that will save the patient not only many illnesses but possibly major operations later in life. I have heard some doctors argue that many cases of adhesions will correct themselves at the age of puberty, therefore the early operation is not necessary; but why burden the child with this irritation and its consequences all these years. Is it not better to remove the irritation before the system has formed vicious habits that sometimes take years to correct, and the effects of which are in some cases never overcome?

The laity are learning that much good results from circumcision, and are beginning to demand it. Mrs. Smith, whose doctor is an orificialist, tells her neighbor what cured Johnnie, and Mrs. Jones, who is anxious to do the best she can for her offspring, takes Susie, who is delicate or unruly, to her doctor to learn if a similar operation were not needed. If the doctor understands orificial philosophy, the result is usually gratifying; if he thinks it a fad, he will either make light of it or, fearing to lose a patient, do the operation demanded, but often in such a bungling way that the child is in a worse condition than before, which only proves that he was right in calling it a fad.

Some years ago I was discussing Dr. Pratt's clinic with a surgeon of considerable note. He made the usual criticisms, speaking especially of Dr. Pratt's many failures. I said, "It is only the failures you know anything about. Don't you suppose your failures go to some one else, and what are they saying?" He was not so arrogant as to deny failures, and replied, "Oh! but the whole idea strikes me as being only a fad." I replied that I had been following this thought in my work for about six years, and astonished him by saying, "There is nothing in my surgical work that gives me or my patients so much genuine satisfaction as the one little operation of circumcision." I have more surprising good results following it than I ever dare hope for." "Well," he said, "of course, I haven't carried it out in practice, and really do not know." There is just the point, you must try it yourself to find out.

I believe the best results will be gained by circumcising every child just as soon after you find it is necessary as possible. It is my practice to advise it when the child is a week or ten days old, and not wait for symptoms to develop demanding it. In very young children, especially boys, it will not be necessary to give an anæsthetic, and frequently no sutures are needed.

In older children I usually give chloroform, occasionally doing it under a local anæsthetic.

A most important point is to follow up your cases, for adhesions will recur, especially in little girls, and sometimes considerable time and patience are required on the part of both physician and patient to get the desired result. Do what you set out to do. Relieve the irritation of the sympathetic nerve cases.

Gynaecology.

SOME CONSIDERATIONS OF PELVIC PAIN.

BY M. H. PARMELEE, M. D., TOLEDO, O.

You ask me ,gentlemen, why I should take up the consideration this evening of a single phase, such as pelvic pain, leaving out of consideration for the moment other important symptomatic elements that enter into pelvic disorders.

I will answer your unspoken question by saying that there are three reasons: First, pain is usually the first symptom to arise in this situation; second, it is a great many times the only symptom of importance, and third, its meaning and its significance is but partly known. Even with all the advance of our knowledge in other fields, we are still at a loss when we attempt to account for the variations and the inter-relations of pain between the spinal and the sympathetic systems. For these reasons it behooves us then to take advantage of any and all lights which can be thrown upon the subject. No proper appreciation of the significance of pain, you will readily understand, is possible at all without the most minute and searching investigation into the nerve supply of those organs within the pelvis most liable to disease. Nor is it possible or easy for me to explain many apparent facts with which we will be confronted. What we will have to do with mainly to-night will be the locality of pains. The practical point, in other words, is to discover, if possible, from pain in any particular region or spot, what is the likely disease or derangement which causes it, or, in other words, where it proceeds from.

To answer this question, we must note correctly the distribution of all nerves directly or indirectly connected with each and every structure within the pelvis. Now the importance of this knowledge will become manifest when we find that disease in one place within the pelvis may, and often does, cause

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to evolve pain in another and a distant point. It is no doubt from lack of knowledge of this kind that so many mistakes in diagnosis are made in actual practice. To take as an instance, pains in the breast are often mistaken for diseases in the breast, when, by that peculiar inter-relation which exists between the breast and the ovary, the disease causing all the pain and trouble exists entirely within the ovary.

Now in dealing with these nerve supplies, we shall have to look at them from two different aspects, or, in other words, the nerves which supply the viscera and those which supply the walls of the pelvis; afterward we can take up the nerve supply of each individual organ and its various connections.

Having laid out that general consideration of the evening's study, let us stop for a moment to consider how we shall make what might be called a diagnosis of pain. The subject can be considered from two different aspects. In one case, the untouched patient manifests pain, in the other the diagnostician elicits it. Now right here we meet a difference of opinion, two schools of thought upon the subject; one school. headed by MacKenzie, which is inclined to believe that all pains are of the latter class, i.e., that all pains are of the somatic variety, which is, that all pains exist and have their origin only in the walls, either of a cavity or of an organ. On the other side, Ross' contention that true visceral, splanchnic, or organ pains do exist, will find most favor with clinicians, who will view it as a matter of origin only. The truth will probably be found in the fact that the viscera internally are mainly supplied with nerve filaments from the sympathetic gangliæ, which, according to Lennander (Paris, 1906), are incapable of transmitting influences of pain, pressure, heat or cold.* While the spinal sensory nerves which readily transmit these influences do supply freely the walls of all organs. Instance rectal cancer.

Now the true character of visceral or splanchnic pain, as felt by the patient without manual interference or elicitation, is that it is located exactly where any organ is or ought to be. The characteristics of such visceral pains are familiar, and patients will describe them to you always as "an annoying pain," "a dull pain," "a heavy pain," "a griping," "a boring," or an "aching pain." In contradistinction to this, when we come to somatic pains, we will find them to be usually more of the acute kind, no doubt due to the more abundant supply of sensory nerve fibers in the walls. The patient in describing them will employ such terms as "cutting," "sharp," "stabbing," or "pricking" pains. In the one case , pain will be brought forth or enhanced by deep pressure; in the other, but a slight stimulation or touch on the surface is necessary to evoke the pain.

There are a few simple rules to be remembered when one is making an examination of the pelvis for the purpose of eliciting pain; that the patient should always be placed in a recumbent position with the shoulders raised and the knees bent. She should also be instructed to open the mouth and breathe easily in order to relax the abdominal muscles. Examiner's hands should be warmed, or at least not colder than the patient's skin. The whole hand should first be spread upon the parietes and passed over the entire surface once or twice before any deep pressure is exercised. If the abdomen tolerates the smooth, extended palmar surface, and if there is no excitement of muscular contraction or cringing, then the tips of the middle, index and ring fingers may be gently and gradually depressed, and carried all about the upper pelvic opening, and if by this means pain is discovered, the tip of one finger may be used to detect more exactly the part of greatest sensitiveness. Bi-manual pressure may be necessary, because it is only in this way, by the use of the bi-manual, that quite a number of forms of pain can be differentiated, whether they be ovarian, tubal or of other situations.

For the detection of somatic pains there may be four ways in which search can be made for tender spots. First, by pinching up the skin between the thumb and second finger; second, by using the sharp point of a pin; third, by using the head of same, and fourth, by drawing either the head or point of the pin across the surface. Now these manifestations of tenderness are only skin deep, nothing deeper, and are the local manifestations of reflected pains. From a diagnostic point of view, therefore, they may be counted on to aid only by suggesting the deep sources from which the pain arises. In other words, we can determine by this latter means the particular segment of the spinal cord involved, that segment to which the efferent nerve comes from the diseased organ, and from which the efferent nerve or nerves pass to the cutaneous hypersensitive surfaces.

In the diagnosis of pain, there are a couple of other important considerations. The first is that "referred" or "reflected" pain and tenderness may exist on the opposite side of the body to that in which the disease is placed. (Dr. Dawley's Case of Tubal Disease.) Now we cannot see why this should be so, though anatomically it is easy to explain. The other consideration is even more puzzling sometimes than that referred to. It concerns the wider distribution of pain than that which strictly represents the deep seat of the disease. Now there are three ways in which it is possible for this "diffusion of pain" to take place. First, we can say with truthfulness, it may take place by reducing the existing power of the neighboring spinal segments; secondly, by increasing the excitability of the involved segments, and thirdly, by prolonging unduly the stimulating power.

Now we can illustrate the first of these ways by reference to any general or constitutional disease or diseases which reduce the body power generally and the nervous powers frequently. Thus in anæmia, it will be frequently found that any localized pain-producing center is liable to call forth pains in various other parts of the body. The same thing some-

*This assertion remains to be proven, but it is certain that they do not carry such impression as freely as the spinal system will.

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times happens in pulmonary tuberculosis. In illustration of the second way are fevers; these, in causing a rise of temperature, raise the general sensitiveness and excitability of the nervous system, and so lead to the appearance of pain far removed from the localized source.

An illustration of the third way may be found in chronic, localized diseases, which may act not only in reducing the existing powers of the nerve segments, but, by constant stimulation of the especially involved segment, lead to a direct extension to others in the immediate proximity. Thus chronic ovaritis or chronic metritis is a fruitful source of widespread and remotely situated pain. One of the most frequent mistakes that a physician is liable to commit is to too-hastily regard any or all of these distributed pains as manifestations of hysteria.

In your presence it is not necessary to dilate upon either the spinal nerves, their anatomy or physiology or upon the plexes or gangliæ of the sympathetic; but the relationship between them should be considered, for it will be found that in this association we may be able to throw some light upon some of these as yet unelucidated phases of disease.

I call your attention to Quain's drawing of their union at the point of exit of each spinal nerve.

At the other end, in every tissue, as in the uterus, they are laced, interlaced and commingled in their terminal fibres.

Yet this anatomical arrangement has not been and is not now fully and completely understood.

Hilton first called attention to the fact that disease in some deep-seated part would be indicated by pain along the peripheral distribution of nerves that had a common origin with those that went to the source of the disorder.

Since Hilton's day there have been many observers like Gaskell, Edgeworth, Thorburn, and latterly Ross, Mackenzie and Head. To Ross belongs the honor of having first demonstrated the segmental distribution of sensory disorders, by that I mean that he mapped out the body and showed that internal disease would be shown by "referred pain" only in certain cutaneous segments, and that those segments had definite boundaries.

The most exhaustive is Head's work on "Distribution of Sensations With Reference to the Pain of Visceral Diseases," which has received confirmation from innumerable professional sources since its publication, and I want to make the following quotation from Head's original paper as best indicating the lines along which he worked:

"Pain was in many cases associated with definite cutaneous tenderness. Moreover, the cutaneous tenderness was in many cases not confined to small strips or areas but occupied whole tracts of skin with definite borders. I was thus led to investigate pain and accompanying tenderness consequent upon disturbances of other organs, and I found that these disturbances also followed definite lines. After Ross' most suggestive papers, it seemed exceedingly probable that these areas bore some definite relation to nerve distribution, and I then began to investigate the distribution of herpes zoster in the hope that a skin lesion which was notoriously of a nervous origin, might throw some light on the meaning and significance of the tender areas in visceral diseases. To my surprise I found that the areas occupied by herpes zoster exactly corresponded to those with which I was familiar in visceral diseases. I next attempted to determine to what level of the nervous system these areas belonged, with the help of cases in which gross organic lesions were present. By this means it became apparent that each of these areas represented the distribution of a single nerve root or of a single segment of spinal cord. Thus I was enabled to map out the areas supplied by the various segments of the cord on the surface of the body. It then became apparent that certain of these areas were never effected in visceral diseases, and this led me to examine the sensory nerve supply of the viscera from the sympathetic system. Now Ross had already suggested that in visceral disturbances pain was referred along the distribution of the somatic nerves which came off from the same part of the cord as the sensory sympathetic fibers to the organs affected. Thus if I could map out the somatic area along which pain was referred in visceral diseases, I could say, on Ross' hypothesis, what was the sensory supply from the sympathetic of the particular organ affected. By this means I obtained another scheme showing the distribution of the sensory sympathetic fibers, analogous to that which Gaskell constructed for the motor and inhibitory fibers of the same system. The special features in these areas of cutaneous tenderness is that they do not overlap. Unlike simple tactile sensation, each area remains quite definite and well defined from the neighboring areas. Furthermore, in each area there are usually two points or places described as "maximum points" or "maxima," where the tenderness is most marked and which corresponds to the places where pain is most definitely felt."

To sum up then, the result of Head's work is a new proposition, that is, that the somatic distribution of all of these "reflected" or "referred" pains is not so much along the course of definite nerves as that it corresponds more to the cutaneous supply of segments of the spinal cord from which the posterior nerve roots in part arise.

Though just here occurs a hiatus, which, with our present knowledge, we cannot bridge, as to just why or when in the individual case—the irritating stimulus—should be carried along either channel of communication, to the exclusion of the other.

Before discussing the special points associated with diseases of the female reproductive organs in the plevis, let us note for a moment, in passing, how they are situated, undergoing, as they do, periodical changes of such functional moment and endowed with an abundant nerve supply, the symptoms to which they are capable of giving origin may be said to far exceed in character and degree, affections of any other viscus or system of viscera. Now it is a fact that the many aches and pains to which the female pelvic organisms are subject are too frequently attributed to other causes than those from which they in reality arise. Further, in not a few

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instances, a wrong interpretation has led to the adoption of measures, if not actually harmful, at least often useless. For instance, whatever true hysteria may mean, it is true that reflected pains connected with diseases of the uterus and its adnexæ are frequently explained on the basis that they are vague manifestations of this complaint. Equally have these same pains been put down to have been caused by a so-called neurotic state, by which is meant to imply a generally unbalanced condition of the nervous system, in the sense that a patient imagines her suffering and unduly exaggerates any such that may exist. Thus it will be seen that from the point of view of pain there are many and complicated factors to consider in discussing the subject as it bears upon the reproductive organs, and the limits of our knowledge may be greatly exceeded, and it behooves the diagnostician to examine his patient the more closely in order to differentiate between what does and what does not belong to the supposed part invloved.

Now, then, we are ready to take up each organ individually and to note some of those painful manifestations which belong to them.

Upon closer study we will find that the uetrus is supplied from the eleventh and twelfth dorsal segments above, that is, the fundus and uterine body, and the third and fourth sacral supplying the cervix, the inferior hypogastric and spermatic plexuses of the sympathetic system. The cervical canal is more abundantly supplied with sensory fibers than the body. The cutaneous supply from these spinal segments explains the prevailing reflected pains expressed in uterine diseases. Thus it is mostly in the lower part of the back, the hypogastrium, and the loins that complaint is made. In dysmenorrhœa the pain is felt in most cases in the hypogastric or in one or other iliac region. In some cases it is lumbo-sacral, while in some instances the pains extend up the abdomen as high as the waist and down one or both legs. The character of the pain is determined mostly by the cause which has given rise to the dysmenorrhœa; thus in the obstructive form of the disease, the powerful contractions of the uterus in order to expel its contents causes the so-called uterine colic, 11th and 12th segments. In the neuralgic form, considerable tenderness of the skin will be experienced over the lower part of the abdomen. (Examine 3d and 4th sacral.)

In endometritis the acuter the inflammatory process the more marked in most cases will be the pain produced. The most constant places for its manifestation are in the back and loins, and the character of the pain, a constant aching. Now anything which will tend to increase the congestion of the organs tends also to augment the pain, so that these patients frequently suffer more pain when standing or walking about than when they are in the recumbent position. Most of the pains connected with the versions and flexions, however, are secondary only to the diseases which may be set up in the organ itself, or to complications provoked elsewhere, as in the bladder or the rectum. There is one noted exception to this rule, as, according to Herman (British Medical Journal, 1904), retroversions more frequently cause pain on the left groin than on the right, owing, as he says, "to the greater manifestations for all reflected pains to become manifested on the left side." Champneys later on says also that pain is "more frequently felt on the left side than on the right side, and that irrespective of the situation of the original disease."

Now let us turn to the ovaries. They receive their nerve supply, first, from the spermatic or ovarian and the pelvic plexuses, and the sensory nerve branches come from the third and fourth sacral nerves, but the particular spinal column segment involved with them, according to Head, is always the tenth dorsal. Now although the nerve supply of these organs is practically the same as that of the uterus, their functional activity renders them much more fruitful sources of pain in any diseased condition. Thus lesions of a much less pronounced type will give rise to symptoms out of all proportion to those originating in similar affections of the uterus. A chronic inflammation of the ovary may be, and will be, a continual source of suffering and may be easily mistaken for other diseases of a pelvic nature. The situation of these ovarian pains does not vary materially. It is felt on the lower part of the back in either hypogastric region, and these pains may be elicited and increased by direct pressure made into either one or other iliac fossa. In some cases the pain will be located a little below the umbilicus. The so-called "ovarian pain" at or near McBurney's point does not exist as a diagnostic factor as some would have us believe. Inflammatory affections are much more likely to give rise to these pains than cysts or growths or solid tumors. Doran claims (1904) that small ovarian tumors are tender and may be the seat and source of pain.

The fallopian tubes have a nerve supply practically identical with that of the ovaries, but having an additional long filament from the hypogastric plexus. However, Head considers pain, tenderness in ovarian disease to exist one segmental area higher than in affections of the tubes. In other words, the tubes are more particularly associated with the eleventh and twelfth dorsal segments, and this he regards as a valuable point in diagnosis.

A special class of pains is always associated with the rupture of a tubal pregnancy. In these there occurs a sudden, acute epigastric or umbilical pain, similar to that following upon so many other acute abdominal crises that it needs special consideration.

The peritoneum seems to be most sensitive in the part which lines the pelvic parietes by reason of its nerve supply to those portions of its surface being directly from the spinal nerves, while the visceral peritoneum is supplied by the sympathetic. Now the sensory fibers are more abundant in the former. So it can readily be seen that any irritation like that under consideration would irritate by diffusion and pressure much larger areas of the parietal surface, and so be productive of excessively sharp pain and more acute suffering and "shock" than any disease however great that was confined to the deeper or more properly the visceral peritoneum.

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The rectum and the bladder should also be taken up seriatim, but time will allow of but scant consideration.

The rectum obtains its sensory nerves from the third, fourth and fifth sacral (chart). The smallest ulcer at the anus gives rise to very acute pain, and yet, higher up, advanced destruction of tissues may take place. A cancer may advance to perforation, for instance, before even any discomfort is experienced.

The bladder is supplied from the vesical plexus derived from the pelvic plexus. Its mucous membrane and neck get their sensory supply from the 2d, 3d and 4th sacral, while the upper surface the supply comes from the 11th and 12th dorsal. This latter supply has to do rather with the diffusion of pain when the bladder becomes overfull.

However interesting may be, from a scientific point of view, the considerations we have been going over, after all the question of ultimate diagnosis will rest more upon the presence of other symptoms and other methods of examination. The interest of the subject, so far as our present discussion is concerned, turns upon the fact that pain complained of, for instance, in the right iliac fossa may have reference to some affection of the pelvic viscera, as much as it may be connected with a disease of the appendix, cæcum, or other part of the large or small intestine, and that it behooves us to weigh carefully all other manifestations that a correct interpretation of the symptoms may be arrived at.

When I first conceived the idea of the writing and delivery of this little address, the subject seemed to loom up before my mind in greater proportional interest than its full accomplishment has apparently developed. Yet, however, short I may have fallen from reaching the summit which I had hoped to obtain, even a cursory review of some of these more basic or fundamental professional problems, I hope will have been a good thing to have had in remembrance. [U. of M., Hom. Dept., Special Lecture.]

Paedology.

DISEASES OF CHILDREN.

BY M. E. RAY. M. D., TECUMSEH, OKLA.

I cannot hope to offer anything new upon the subject that has been given me for discussion to-day, but its recognized importance together with the facts that so many mistakes are made and so much of the mortality of children is traceable to the improper treatment and care warrant me in bringing this subject before you. The all important treatment of the newborn babe is the diet. I believe it is semi-criminal for any healthy mother to resort to any other means than nature for feeding her offspring. Too often she uses the bottle from choice rather than necessity, and too frequently the attending physician readily yields to her wishes. In my opinion there can be no circumstance which would justify the mother or physician in thus hazarding the life of the little one. The physician who knows the consequences involved, should most emphatically insist and demand that the healthy mother should follow the course that nature has marked out.

With a healthy mother there can be no doubt as to the proper course of procedure. The question is, when shall we discard the mother's milk?

First. When the mother has pulmonary tuberculosis, severe infectious disease, extensive inflammation of the mammary glands, pregnancy and perhaps the recurrence of the catemenia. With any of these conditions I should unhesitatingly forbid the breast and feel that I were choosing the lesser of two evils.

The more difficult question arises in the numerous cases where we find the mother's milk is insufficient in quantity and quality. The lack of quantity is indicated when the child persists in nursing almost continuously. A healthy and sufficiently nourished child should satisfy its appetite in fifteen minutes and remain quiet from two to three hours. If it demands the breast much more than this the probabilities are that the supply of milk is insufficient in quantity. This deficiency should be remedied if possible by giving the mother such treatment as will increase and enrich the supply. Keep her quiet, both mentally and physically, prescribe rich fluid diet, let her take an abundance of chocolate, tea, oatmeal, milk, etc., avoid all stimulants, mental and physical excitement. If the supply is still inadequate then supplement with artificial food, such as may be designated hereafter.

In no case should the mother's milk be discontinued. We find frequent cases where the supply seems to be copious, yet the babe is not properly nursed, it does not grow, is cross, irritable, with the tendency to rickets. These would indicate that the mother's milk is deficient in quality. When this fact is indicated the mother's milk should at once be analyzed by some competent expert. If it does not differ too much from the recognized standard it may be remedied by proper care and treatment of the mother. This condition is very often due to overwork or improper diet. In such a case it may be remedied, but if due to disease, it is usually better to discard the breast and resort to artificial feeding. In cases where artificial food is necessary it requires the greatest care and ingenuity of the practitioner.

In discussing this branch of my subject I shall not aspire to learned and exhaustive chemical and physiological treatments, but shall content myself with such practical and everyday suggestions as appear to be useful and applicable to the ordinary practitioner. I do not believe in the general use of predigested foods. They may be successfully employed for a day or two when the infant is sick and its stomach needs rest, but my experience has been that when relied upon extensively or given for any length of time, a babe becomes fat, flabby and weak, its muscular development is imperfect, the stomach becomes weak from inaction, the child is susceptible to disease and less able to withstand attack.

This food may be prepared upon a carefully work-

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ed out chemical formula, and in theory may exactly meet the demand, but in practice they are like an artificial eye or limb, they may look well, but they lack some all important element. I believe that the best artificial food for a babe may be obtained by using cow's milk. The cow should be reasonably fresh and entirely healthy, carefully fed, watered and handled, kept perfectly clean and regularly milked. The most scrupulous cleanliness should be observed in milking and caring for the milk. As soon as the milk is drawn it should be sterilized. This may be done by placing the milk in bottles sufficiently large to hold enough for one feeding. The bottle should be provided with combination stopper, the milk placed under pressure in order that the temperature may be raised to a point sufficient to destory all germs kept there from twenty to thirty minutes, hermetically sealed and put upon ice for use. Before using heat to the temperature of the body, sweeten with sugar of milk, dilute with sterilized water to which sufficient lime has been added to render the whole slightly alkaline. Such a preparation may be easily prepared in any household.

My reasons for adopting the above are these: The desideratum is mother's milk. We find that human milk differs from cow's milk principally in this, that human milk is alkaline while cow's milk is slightly acid. Human milk contains more sugar, cow's milk more fat and mineral matter. That the most striking difference is revealed by the microscope, which shows human milk entirely sterile, while cow's milk is frequently impregnated with diseased germs. By adding lime water I render cow's milk slightly alkaline. This also tends to prevent the formation of tough and indigestible curds, when the milk comes in contact with the gastric juice of the stomach. The addition of sugar of milk removes that defect of cow's milk. When maintaining it at high temperature from twenty to thirty minutes destroys the germ life. There is now scarcely room to doubt that much of the intestinal trouble among infants is due to the presence of bacteria received from artificial food, and to remove this is important that the water should be sterilized also.

In diluting cow's milk it seems impossible to fix any established rule, perhaps at first milk and water in equal quantities, or two parts milk to one of water is not far wrong, but experience and care are always necessary and the rule must be varied to suit individual cases.

As a rule, I do not favor a radical change in the diet of a sick babe, unless its disorder is due to the stomach. Nature does not tend to point out such a course of treatment. In some cases, however, a modification of that may be advisable, but frequently this change may be brought by changing the diet of the mother, or with the bottle fed babe. by changing the diet of the cow.

When stomach or bowel trouble is developed in any artificial fed child you should frequently discontinue the use of milk for a short time and substitute some one of the predigested foods, usually Horlick's, with which I have always had good results, but in other trouble I have found it better to rely upon medicine rather than to attempt to relieve by a change of diet.

When possible I should advise that the milk from two or more cows be mixed, as the milk of one cow may be radically deficient, and the deficiency may be practically eliminated, by mixing the milk of several. So much for the kind of food as to the manner and amount, I may say, briefly, the newborn babe should be put to the breast as soon as the condition of the mother will allow. For the first month be fed as often as once every two hours, for the next two months the intervals should be gradually lengthened two or three hours; the amount to be given depends upon the size of the child, perhaps to give the one-hundredth the weight of the child is not an unsafe rule.

Too much cannot be said upon the importance of regular feeding. As a rule mothers feed their infants too often. It is highly important that the digestive apparatus of the infant be given time to rest. Again when milk is taken too frequently it is usualy too rich and partakes of the nature of condensed milk. When too long an interval is allowed to elapse the milk becomes watery, is less nutritious and may even become positively injurious to the child.

Irregular nursing or too frequent nursing is also injurious to the mother. It is well to remind the mother that frequently when her babe cries a drink of sterilized water will best pacify it.

The mother should always nurse her babe reclining. She should be mentally and physically at rest. Indeed, it is exceedingly important that a nursing mother be at all times free from worry and fatigue.

I am inclined to believe that no nursing bottle should ever be used. I unhesitatingly condemn nursing tubes as unwholesome and dangerous. I am led to believe that if an artificial fed babe were taught to take its food from a spoon or drink from a cup much danger would be avoided.

In closing I may say that set rules and unbending dogmas have little place in the consideration of this subject. Individual cases must be studied with the most persistent and critical care, each peculiarity must be noted, the season of the year, the condition of the mother, the constitution of the child, the circumstance of the parents, the location and surroundings, and a host of other things must be kept in mind by the careful physician, if he would safely launch the little one out upon the sea of life.

Kansas City should soon have a homœopathic hospital. Dr. W. A. Forster has a proposition, and Dr. J. L. Alexander also has one. Both will be considered at the next meeting of the society. (Forum.)

Dewey, Royal, Sutherland, Garrison and McConkey—that is the make-up of the A. I. H. committee to "see about it." Are you on? If not, you of the homœopathic faith will soon learn that the effort to wipe off the earth everything homœopathic is to be met with a stern resistance. The time for sleepy inactivity is past. (Forum.)

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Materia Medica.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

VENOUS HYPERÆMICS.—PSORINUM, THE INTENSIFIED SULPHUR.

Psorinum.

There is a positive prejudice against Psorinum existing in the minds of many of the profession, because it is obtained from the pus of the itch, but no remedy in the materia medica has served me more faithfully when indicated, and I cannot pass it by without a few words clearly defining its therapeutic field.

If the student will bear in mind that symptomatically it gives us an aggravated and intensified picture of Sulphur, he will rarely overlook it.

It is not indicated very often, but when it is, it occupies a place that no other agent can dispute. In its symptomatology we have the torpidity, the lack of reaction, the enlarged and indurated glands, the eruptive skin, and, as an invariable accompaniment, increased offensiveness and acidity of all discharges, increased mental and physical depression and decreased reactive efforts.

It is indicated oftener after Sulphur has failed to strike deep enough, than at any other time. But to one who is familiar with its tout ensemble, its use need not always be sequential.

Throughout its pathogenesis we find as under Sulphur, Sepia, Veratrum album, Calcarea carbonica, Phosphoric acid and China, and even more characteristically than under any of these drugs, an invariable tendency to sweat. It is hardly necessary to say that this sweat is always offensive, and makes the patient sore at the concavities of the joints, and wherever the skin is subjected to heat or friction. Its principal use is in the treatment of sickly infants with glandular enlargements, dirty eruptions and chronic diarrhœas.

The principal indication for its use in adults is the presence of a deep melancholy, not the erethistic melancholy of Hyoscyamus, the uncompromising despair of Sepia, Platina or Calcarea carbonica, nor even the suicidal dejection of Aurum, but a sort of abject, uncomplaining, perfectly resigned despair, that is not accompanied by any seeming desire for better things, showing a mental torpor and lack of resilience entirely in accord with the physical characteristics.

While the marked mental and physical characteristics are generally present to suggest it when indicated, it is oftenest useful in infantile diarrhœas, eruptions and slow convalescence.

Diarrhœa.

Discharge frequent, profuse, offensive, corroding. Offensive to putridity and accompanied by emaciation and debility. It is most like China, with the added indication, "after well chosen remedies fail."

These diarrhœas are accompanied by profuse sweats and the entire child smells bad.

Its other analogues in diarrhœas are:

Veratrum album

Which has great pain before the action, with profuse cold sweat, while the Psorinum diarrhœa is painless.

Phosphoric acid

Which has profuse, watery action, the patient is not as much weakened as the character and frequency of action would seem to justify.

The other analogues are: Sulphur, Podophyllum and Arsenicum.

Eruptions that appear in the "great unwashed" after Sulphur fail to cure.

The analogues here are the same as under Sulphur.

Slow convalescence with the mental and physical characteristics of the drug; great prostration characterizes the convalescence of pneumonia, typhoid fever and other severe acute diseases, showing that they were engrafted upon a diathesis

Analogues, Phosphoric acid, Kali phosphoricum, Sulphur and China.

One characteristic is "headache accompanied by internal hunger."

I have always given it in the 30th decimal dilution.

The Strychnia Salts.

Complements of Sulphur.

Our most important clinical agents, of which Strychnia is the active principal are Nux vomica, Ignatia amara and Strychnia phosphorica. The latter is used in potentized form by many Homœopaths as a spinal, nervous and peristaltic tonic and stimulant without accurate homœopathic indications.

Strychnia is a concentrated and violent poison, and has the power through its action on the motor filaments of the spinal cord of producing a highly wrought hypersensitive state of the nervous system, characterized by convulsive symptoms of various sorts, which are brought on or aggravated by the slightest motion or impression, mental or physical.

This spinal hyperæsthesia is in evidence all through the symptomatology of both Nux vomica and Ignatia, showing itself more under Nux vomica in the form of nervous and sensorial hyperæsthesia and irritability, and under Ignatia more in the form of emotional hyperæsthesia and spasmodic tendencies.

Nux vomica.

D
- Day sleepy, night wakeful (Sulphur, Nux moschata).
- Distention after eating (Lycopodium, Carbo vegetabilis).
- Dyspepsia with
- Depression and
- Debility of nerves,
- Drastic after
- Drugs
- Dry catarrhs accompany.

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- Aggravations
  - After Eating
  - " Drinking Water
  - " Sedentary Habits
  - Intemperance in
    - Stimulants
    - Narcotics
    - Tobacco
    - Food
    - Venery
    - Business Cares
  - All Nervous Impressions
    - Touch
    - Jar
    - Traveling (Spig., Bry., Cocc.)
    - Drafts (in Draughts)
    - Food and Drink
    - Mental Effort
    - All Sensorial Impressions (Sepia)

Nux vomica

Is a cerebro-spinal drug, and affects that portion of the spinal cord which presides over reflex functions. Its action in poisonous doses is to produce violent, incoherent tetanic convulsions, affecting principally the neck, trunk and respiratory muscles, though all of the muscles of the body, especially the voluntary muscles, are involved. This spasmodic action is so violent and so rigid that opisthotonos is produced and the respiration is seriously interfered with, and in fatal cases death is caused primarily by asphyxia; this condition is accompanied by perfect mental clearness and by an intense hyperæsthesia, shown in sudden and marked aggravation from all impressions, mental and physical.

Its action upon the mucous membranes, from which its more general therapeutic usefulness is derived, is such as to produce a sort of dry catarrhal condition, a chronic or subacute irritative catarrh, characterized by scanty secretion; such a catarrh as might result from the constant use of acrid and irritating substances, or exposure to dry, cold wind.

The nature and pathology of this catarrh accounts for many, if not all, of its dyspeptic symptoms, as will be more clearly apparent in our clinical study.

Upon the respiratory mucous membrane the effect is quite similar, making it useful in acute, stuffy colds, with stoppage of the nose and raw scraped feeling, following exposure to dry cold.

In reviewing the drug from a clinical standpoint we find several modalities of aggravation running throughout its symptomatology, giving it an individuality so distinct as to greatly facilitate its selection. These modalities point throughout to the hyperæsthesia already mentioned. Thus the patient is worse from all mental and physical impressions. His nervous troubles are worse from emotions and from mental and physical effort, especially mental.

His dyspepsia is aggravated by food and drink and by stimulants. His respiratory troubles are worse from a draught or from cold, even from the adjustment of his bed clothing, which chills him, while all of his troubles are aggravated by sensorial impressions as light, noise, strong odors, contact or jarring; associated with these modalities of aggravation, and in a line quite consistent with them, is another modality, which follows the drug throughout its symptomatology, that is, the incoherence of muscular action that has been mentioned, which constantly exhibits itself in an irregular, uncertain, spasmodic and inefficient performance of all function. Thus with the constipation there are frequent calls to stool, but after repairing to the closet, the desire either disappears altogether, or is so flickering and spasmodic as to be useless; then again in labor the pains are short and irregular, and little progress is made, while the woman is impatient and irritable. The digestive functions, too, seem to be accomplished in the same perfunctory and uncertain way, and the food is digested so slowly and imperfectly that it ferments, and gases fill the stomach and bowels after a full meal is taken. Lastly, in this condition, the Nux vomica patient, often with a history of excessive venery or masturbation, suffers from a sexual weakness or debility characterized by short, uncertain erections and quick, spasmodic ejaculations.

Mind and Person.

The Nux vomica patient, if typical, is thin, irritable, of nervo-bilious temperament; leads a sedentary life and is fidgety, irascible and fitful in temperament and temper.

He may be a man, or she may be a woman, but the mental state and etiology of the Nux vomica condition are such that men are usually its subjects. Overworked business men especially.

In the treatment of women the other strychnia salt is most apt to be indicated, even with similar troubles, for the nervous hyperæsthesia under that drug affects more the emotional and spasmodic sphere, and instead of being cross, fussy and fidgety she is depressed and silent, and though her nervous sufferings may be intense, they are only made evident by sad, dejected face, and frequent sighings, or convulsive symptoms. So that the same emotions or other causes which give us Nux vomica symptoms in men, will oftenest give us Ignatia symptoms in women.

This review of the drug's salient features gives it such a marked individuality that if the student will study it thoughtfully and understandingly, its use in special diseases can be defined without tiresome reiteration.

For convenience of description its diseases can be divided into general, alimentary, respiratory and sexual.

GENERAL.

The Nux vomica fever is spasmodic and uncertain, now coming, now going, and is generally engrafted upon a catarrhal or malarial basis.

It is indicated in catarrhal fevers with or without respiratory symptoms, most often after Aconite; these fevers are distinguished by dry catarrhs, stuffy nose, raw, excoriating membranes, aggravation from nervous impressions, and gastric and hepatic complications. The patient suffers from chilliness which is aggravated by motion, by movement of the bed clothes and by drinking water. There is a yellow or white tongue, nausea and constipation.

The chill of intermittent fever begins in the extremities, there is blueness of the nails, yawning

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and stretching, aching limbs, thirst, when drink aggravates and only with chill. There are gastric and hepatic symptoms and periodicity, though no special time for the chill to appear.

The patient is cross, thin, sallow, dyspeptic and constipated, and often has a Quinine cachexia engrafted upon the malarial poisoning.

Analogues—Arsenicum album.

Chills following the abuse of Quinine, fever may be remittent, great and rapid prostration, intense internal heat and burning with external coldness, thirst, anxiety, restlessness, vomiting and diarrhœa. There is a tendency to dropsical swellings in old cases, and all of the patient's complaints assume increased proportions during the paroxysms.

China.

Distinct periodicity, malarial cachexia, diarrhœa, cerebral congestion. All three stages are distinctly marked, and the paroxysm ends in profuse debilitating sweat; the chill may anticipate or postpone; hepatic soreness and tinnitus aurium.

Natrum muriaticum.

Eleven A. M., chill with great thirst for quantities, throughout all stages, and during the apyrexia, intense congestive headache and urticaria, with the fever; after Quinine, and in regions where the earth has recently been disturbed. The patient is thin, yellow, has wrinkled skin and hydroa about the lips.

Ipecacuanha.

Constant nausea with clean tongue, predominance of gastric symptoms, evening chill, long fever after abuse of Quinine.

Eupatorium perfoliatum.

Nine A. M., chill preceded for hours by intense thirst. There is most intense aching, seeming to involve the very marrow of the bones, called "break bone fever," and the power of this drug to relieve this symptom, no doubt gave it its popular name "bone set."

Pulsatilla.

Four P. M., chill after Quinine or Iron or both, great chilliness and no thirst, the stages are not well defined, they seem to run into each other. There are gastric symptoms present and amenorrhœa.

Bryonia.

Intermittents which tend to become remittent, with marked bilious symptoms and constipation; there are hot flushes, great thirst for quantities at long intervals (short intervals, Natrum muriaticum), bursting, splitting headache, vertigo and nausea from sitting up in bed.

Gelsemium.

Simple, uncomplicated intermittents, coming in the spring with absence of gastric or hepatic symptoms, chill begins in the back, there is great mental apathy, purplish, congested face, full, compressible pulse, muscular weakness, uncertain movements, especially in children.

ALIMENTARY DISEASES.

Nux vomica.

Nux vomica is indicated in the treatment of gastric intestinal and hepatic diseases, which seem to depend upon an atonic catarrh of the mucous membrane, with scanty secretion, slow digestion, fermentation and constipation.

The dyspepsia is mostly gastric, and its etiology is generally traceable to abuse of the stomach by stimulants, narcotics, overeating, condiments or purgatives, associated with sedentary habits. There is an aggravation about a half hour after eating (immediately after, Lycopodium), there is waterbrash, tasting sour or bitter, flatulence, hepatic tenderness, irascibility, hæmorrhoids and constipation; feeling as of a stone in the stomach, white or yellow tongue, stomatitis. There is a headache often accompanying which is worse in the morning on awaking, in the frontal or supraorbital region, or in the occiput, associated with nausea and empty retching; this headache may be a hemicrania, and, if so, is generally left-sided. (For headache analogues see Sepia.)

Analogues – Sulphur.

Craving for spirits and sweets. Sweets aggravate; offensive, putrid eructations; gone feeling with canine hunger, and hot flushes at 11 A. M. Early morning diarrhœa. Sulphur personnel.

Pulsatilla.

Fat, blonde, tearful women, with bitter eructations, white tongue, thirstlessness, chilliness, diarrhœa and aggravation from pastry, pork, fat or rich food.

Feeling as though a weight like a stone laid in the stomach. (Nux vomica, Lachesis, Abies nigra, Bryonia, Mercurius.)

Arsenicum.

Asthenic dyspepsia with irritable, intolerant stomach, the slightest food or drink is promptly rejected, there is intense burning in the stomach, relieved by hot drinks. Acute gastric catarrhs with white tongue, restlessness, anxiety and thirst, after spoiled food or ices.

Bryonia.

Summer dyspepsia from cold drinks or fruit with splitting headache, thirst for quantities, yellow, dry tongue, constipation, nausea and faintness on rising.

Ignatia.

Gastric symptoms much like Nux vomica, distinguished principally by the difference in the mental and nervous sphere.

Antimonium crudum.

Dyspepsia of old people with thick, milk white coating on the tongue, alternate diarrhœa and constipation. Gastric catarrhs from over-loading the stomach (Ipecac).

Phosphorus.

Chronic dyspepsia, thirst but the water is thrown up as soon as it becomes warm in the stomach. Personnel of patient.

For further comparison see Lycopodium.

Constipation.

The principal characteristic of the Nux vomica constipation is the frequent spasmodic but ineffcetual calls to stool, and even when there is a result, it is not complete and does not bring relief. The other Nux vomica symptoms coexisting making its choice quite easy. As this symptom is a difficult one to relieve, it is worth our while in this connection to

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make an accurate study of the constipation remedies by comparison.

Analogues—Sulphur.

Alternate diarrhœa and constipation. (Antimonium crudum, Phosphorus) Hæmorrhoids, portal plethora, Sulphur personnel.

Hydrastis.

After abuse of purgatives, relaxed mucous membranes, ropy mucus with stools, yellow skin, light colored stools; other ailments traceable to the constipation give weak epigastric feeling.

Opium.

Constipation of good natured women and children without seeming inconvenience; intestines are inert and secrete little mucus; stools come in small round balls like sheep's dung.

Plumbum metallicum.

Intestines seem paralyzed or dead, absolutely no action without purgation, and little secretion, colic and "sheep's dung" stools.

Alumina.

Rectal weakness, even a soft stool is passed with great difficulty, putty-like stools, which stick to the sides of the anus. (Platina.)

Natrum muriaticum.

Dry, atonic, brittle mucous membranes, rectal fissures with bleeding after stool. Great mental depression proportionate to the degree of constipation. Natrum muriaticum personnel.

Silicea.

The so-called "bashful" stool; it is almost expelled and then seemingly without reason slips back into the rectum. The stool consists of hard lumps, which seem to have become impacted in the rectum.

Platina.

Constipation of travelers, putty-like stools that stick to the anus. Haughty women.

Bryonia alba.

Constipation with large, hard, dry stools, which may be so large and hard as to require artificial help in their removal. Associated with bursting, splitting headache, and hepatic tenderness.

Graphites.

Constipation, with dry mucous membranes in fat people with skin troubles. The stools are composed of large lumps, united by strings of mucus; there is a dry rectum which shows a tendency to fissure.

Collinsonia.

Habitual constipation with portal congestion.

Magnesia muriatica.

Hard lumps passed with great difficulty, they are dry and crumble as they pass; yellow tongue taking the imprint of the teeth; hepatic enlargement worse from pressure.

Natrum carbonicum.

Constipation from starchy or vegetable food, palpitation after eating.

Phosphorus.

Stools are long, slender and narrow, like the patient, and are dry and tough like those of a dog; they are passed with difficulty.

Explanatory.

The student must understand that any drug in the materia medica may be homœopathically indicated when constipation is present, by the other symptoms present, and that in this list are included only those drugs to be first thought of where this symptom is the most important one present.

Hepatic Diseases.

Enlargement of the liver from dosing or stimulants, with sticking pains and soreness. Gall stone colic, jaundice, constipation and gastric symptoms.

Analogues.

See Bryonia.

Hæmorrhoids

Which itch and bleed with the characteristic constipation.

Analogues.

See Sulphur.

Colic—Nux vomica

Is one of a group of six remedies indicated in the treatment of intestinal colic, is generally associated with constipation, and flatulence is caused by intemperate eating or drinking. Pains are short, sharp, spasmodic, the patient fidgety and cross, the bowels feel as though pressed between stones. The other drugs of the group are: Colocynthis, Ipecacuanha, Veratrum album, Magnesia phosphorica and Chamomilla. A complete comparison can be found under Colocynthis.

RESPIRATORY DISEASES.

Coryza.

One of the most difficult prescriptions which a homœopathic physician is called upon to make is that made for the care of colds in the head. The symptoms are few, and often ill defined, and the number of drugs that may be indicated many. In the comparison that follows only the most prominent ones can be mentioned. One of these is Nux vomica, which is very often indicated. The cause is generally cold, dry, exposure (Aconite, Hepar, Kali bichromicum), cold, wet (Rhus toxicodendron, Dulcamara, Rhododendron, Mercurius, Sulphur).

So that it is indicated at the beginning of winter colds, and often immediately after Aconite; often after sitting upon a cold stone step. There is first watery coryza followed by stoppage of the nose, with heavy, dull, full, stuffy, frontal headache and mental irritability. The nose stops up outdoors, runs indoors (opposite Sulphur). Dry, scraped nervous feeling in the posterior nares, causing constant hawking. Later gastric involvement and coated tongue.

Analogues.

Aconite at the very start, with chilliness, shivering, sneezing, dry nares, patient says, "I fear I am catching a cold;" at this stage Aconite will abort most colds. (Compare Camphora and Sticta pulmonaria.)

Arsenicum.

Fluent, liquid coryza, excoriating the upper lip, eyes red, constant sneezing, thirst, mental and physical unrest, white tongue, gastric irritability and weakness.

Allium cepa.

Watery discharge from the nose, with bland lachrymation (opposite Euphrasia). There is generally

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a drop of clear liquid mucus upon the end of the nose, which is red and swollen; larynx is raw and hypersensitive. Better in a warm room, worse in the open air. Suitable to very acute spring colds.

Euphrasia.

Colds affecting more the conjunctiva, which discharges an acrid, thin fluid, while that from the nose is bland. There is great photophobia. Worse at night and in windy weather.

Rhus toxicodendron.

Influenza with swollen membranes, dull, heavy head, pale face, aching pains better from motion.

Gelsemium.

Coryza in warm, moist relaxing weather, with prostration and muscular weakness, pain from the throat into the left nostril, sore purplish, puffy throat. Spring colds of children.

Ammonium carbonicum.

Swollen, sensitive, painful nose with bloody, watery discharge, alternating with dryness.

Mercurius corrosivus.

Acrid, fluent discharge with intense burning, red eyes.

These are the main remedies for colds where "coryza" is the "principal" symptom. When the cold is "ripe" and the discharge free and thick "Pulsatilla" or Mercury is apt to be the remedy. The selection depending upon whether the flow is bland (Pulsatilla), or irritating (Mercurius). When cough is the most prominent symptom the selection must rest between such drugs as Bryonia, Phosphorus, Rhus toxicodendron, Rumex crispus, Cuprum, Drosera, Ipecac, Spongia, Hepar sulphur, Antimonium tartaricum, and Coral rubrum.

For the symptoms of Nux vomica and its analogues in grip see Rhus toxicodendron.

Clergyman's Sore Throat.

As mentioned above, the Nux catarrhs seem to be characterized by a raw, scraped feeling, as though the epithelium had been removed by some irritating substance. So Nux is very useful in the treatment of sore throats of smokers, drinkers, clergymen, actors and public speakers, finding its prime indication in overuse or overabuse. There is an atonic condition of membrane with follicular rawness and scraping.

The analogues are: Kali bichromicum, Causticum, Argentum metallicum.

For comparison see Kali bichromicum.

SEXUAL ORGANS.

Dysmenorrhœa.

Nux vomica is one of our most useful agents in painful menstruations, which are profuse to the point of menorrhagia. The pains are sharp, short, severe, irregular, the patient is spare and cross, generally a blonde. There are gastric symptoms, accompanying irritable bladder; the menses are premature or regular, and they last a long time.

Principal Analogues.

Pulsatilla, Cimicifuga, Caulophyllum, Colocynthis, Magnesium phosphoricum, Platina, Belladonna, Chamomilla, Ignatia and Xanthoxylum.

For more extended differentiation see Pulsatilla.

Gravid Nausea.

With the Nux vomica mental, gastric and intestinal symptoms. The sickness is worse in the morning, and there is much empty retching before breakfast (Sepia).

The analogues are those already recited under dyspepsia, with the addition of Anacardium, Lactic acid, Sulphuric acid, Aletris farinosa, Cyclamen, Sepia and Veratrum album.

Dystocia.

Nux is often an indispensable assistant to the obstetrician in slow, painful labors that have been mentioned before; the pains are short, sharp and spasmodic; they are inefficient and abortive; the labor of first stage is tedious and slow, and the patient is impatient and irritable, there is also frequent urination and chilliness.

Analogues.

Chamomilla; patients who are very cross, pains seem unbearable, patient insists that she cannot stand it, and will strike or kick the attendants.

Gelsemium.

Pains are severe, but seem to press upward instead of downwards, patient is nervous and uneasy.

Belladonna.

The os is dry and there is spasmodic contraction, hour-glass contraction during third stage. Plethoric women whose faces flush with every pain.

Aconite.

Anxious, restless patients, fear of death, dry skin.

Cimicifuga.

Pains are very severe, spasmodic in their nature, hysterical patients, cramps in thigh and calves (Caulophyllum.)

Male Sexual System—Nux Vomica.

Is indicated in sexual weakness in men, traceable to some form of sexual abuse, or of intemperance. There is an irritable weakness of the organs. The desire is easily excited and is intense, but emission is too quick or erection is too short, giving us the same spasmodic but insufficient muscular action found throughout the body. Emissions often occur during sleep.

Principal Analogues.

Phosphoric acid, Phosphorus, Staphysagria, Sulphur, Natrum muriaticum, Selenium, Lycopodium, Gelsemium, Digitalis, Bufo.

For more extended comparison see Phosphoric acid.

Acrostic Resume.

S—Sleepy day.
Sleepy night, Sulphur, Nux moschata.
Spinal cord, center of attack.
Slender, thin patients (Phosphorus, Secale, Lycopodium).

T—Tonic spasms.
Taste sour, China, Lycopodium, Ipecac; bitter, Aconite, Pulsatilla, Bryonia, Chamomilla, Podophyllum, Natrum muriaticum.
Tongue yellow, Aconite, Bryonia, China, Chelidonium, Podophyllum, Mercurius, Natrum sulphuricum.

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R—Result of intemperance, Arsenicum, Carbo vegetabilis, Sulphuric acid, Kali phosphoricum, Ipecac.

Y—Yellow complexion.

C—Cerebro-spinal centric.
Constipation, Sulphur, Opium, Bryonia, Aluminum, Plumbum, Platina, Hydrastis and Natrum muriaticum.

H—Hypochondriasis, Lycopodium, Sulphur.
Hyperæsthesia, Sepia, Ignatia, Phosphorus, Arsenicum, Lachesis, Silicea.
Hæmorrhoids, Aloe, Sulphur, Aesculus, Hamamelis.

N—Nervous impressions aggravate. Men, Nux; women, Ignatia.

O—Often and profuse menstruation, Belladonna, Calcarea, China.

S—Sedentary life.
Stomatitis. Compare, Calcarea carbonica, Hydrastis, Nitric acid, Kali bichromicum, Borax.

N—Nervous edge.
Neuralgia after cold, dry weather, Aconite, Hepar.

U—Uterine colic, Pulsatilla, Cimicifuga, Caulophyllum, Magnesium phosphoricum, Colocynth, Platina.
Intestinal colic, Ipecac, Colocynth, Magnesium phosphoricum, Chamomilla.

X—Patient cross (X), like an X, Chamomilla, Bryonia, Natrum muriaticum.

IGNATIA AMARA.

Ignatia (Strychnos ignatia). Through its action upon the medulla oblongata and the cerebro-spinal nervous system, this Strychnia salt causes tetanic convulsions. Secondarily, there is a morbid excitement and hypersensitiveness of the nerves of sensation, and of special sense. The co-ordination of function is also perverted, and there is an extreme susceptibility to all impressions. This hypersensitiveness of Ignatia exhibits itself more in the emotional sphere, while under Nux there is more mental and nervous irritability. It is well to think of Ignatia as a sister to Nux vomica. For while depressing emotions and other exciting causes produce an irritable, cross, impatient mood in man, the same etiological factors will operate to cause sadness, silent grief, and the habit of brooding in his more gentle sister. So the mental state is of first importance with the Ignatia patient, and it is rarely prescribed successfully unless some approach to it is present. Next of importance to the mental symptoms are the spasmodic tendencies and extreme hyperæsthesia to external impressions, a symptom which runs through the whole pathogenesis of the Strychnia salts.

The mental, emotional and spasmodic symptoms of the drug are so overshadowing in their proportionate importance to the more physical symptoms, that their presence is often the only essential to a successful prescription. They are so sufficient, so ever present, that their coexistence in a given case would seem almost all that is essential. Hence a too lengthy recital of the diseases in which it may be curative would involve tiresome reiteration. So it seems enough to call attention to the diseased condition in which this grand trinity, mental and emotional hyperæsthesia with spasmodic tendencies is most apt to be present, particularly only wherein its clinical use has been most general, or where local characteristics are essential.

Ignatia has been quite useful like Nux vomica in throat symptoms, digestive troubles, coughs, fevers and uterine diseases, with symptoms much like Nux vomica, presenting, however, the Ignatia peculiarities already mentioned, and perhaps other minor differences. It has an intimate clinical relation to the effect of grip and other depressing emotions, to hysteria, to certain forms of headache and certain convulsive diseases.

With this general analysis well grounded in the student's mind it will only be necessary to succinctly define its field of clinical usefulness. This will be done under the head of emotional diseases, hysteria, headache, cough and digestive symptoms.

Emotional Diseases.

Great mental sadness after grief or fright, as after disappointed love or affection. The grief is exhibited by silence and a desire for solicitude. The patient sighs frequently, and seems indifferent to every interest, even to those she loves best; or she may be the subject of tetanic convulsions, which are aggravated by all emotions or nervous impressions, and end in the passage of quantities of colorless urine.

Analogues—Phosphoric acid.

Suited to the chronic effects of long-lasting grief as nostalgia exhibited by passivity; the patient seems stunned and indifferent and there is progressive loss of flesh and strength.

Kali phosphoricum.

When the effects of grief are exhibited, principally in the nervous sphere. There is loss of energy and muscular power, patient is tremulous and cannot stand. Excitement or any increased demand upon the nervous energy without a nervous collapse. The mental state is much like that of Ignatia.

Pulsatilla.

In gentle, confiding women who are very tearful and better from consolation.

Hyoscyamus.

Acute mania from grief, patient exposes the person and has hallucinations.

Cimicifuga.

Intense mental depression, patient seems to be under a heavy cloud, which has not a rift or a silver lining, there are spasmodic tendencies, clonic spasms and a headache with a feeling as though the top of the head would fly off. There is generally coexisting some uterine or ovarian pathology.

Platina.

In proud; haughty women, everybody and everything seems trivial when compared to her sorrows, the menstrual blood is dark and clotted and the uterus indurated.

Sepia.

The patient is delicate, dyspeptic and depressed.

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she is constantly harrowed by the fear of impending evil.

There is sensorial hyperæsthesia, circulatory excitement and tissue relaxation, with a tendency to sweat.

Lilium tigrinum.

Nervous restlessness with great mental depression and uterine prolapsus.

Calcarea carbonica.

State of fearfulness, patient thinks she is losing her mind and fears that others are observing it. Calcarea personnel.

Aurum metallicum.

Great mental depression with palpitation and suicidal tendency.

Hysteria.

Tetanic convulsions and globus hystericus, after grief or fright, associated with muscular inco-ordination and emotional hyperæsthesia. These convulsions are ended by a profuse flow of pale urine, and in the interval the patient is silent and indifferent.

Analogues—Asafœtida.

Flatulent hysteria with dyspnœa, sensation of a ball constantly rising in the throat, which threatens to cut off her breath, with much belching.

Hyoscyamus.

Hysteria with nymphomania, patient exposes her person and her mania runs upon sexual subjects. She has optical illusions, sees rats and reptiles and nude persons.

Moschus.

Choking feeling, tetanic spasms, frequent fainting, involuntary discharge, alternate coughing and crying, great flatulence.

Nux moschata.

Intense nervous restlessness, flatulent distention is inordinate and painful, mouth and tongue dry after sleeping, constant drowsiness and sleepiness.

Stramonium, society mania.

Wants the gas lit and longs for company, the movements are graceful and co-ordinate though the mind is subject to some hallucinations.

Sulphur.

Five hot places (vertex, palms and soles). She comes out of her spasms happy, everything seems grand and beautiful, hot flushes and canine hunger. Sulphur personnel.

Zincum.

Fidgety feet, spasmodic symptoms that are better during menstruation.

Platina, Sepia, Lilium triginum, Pulsatilla, Cimicifuga and Calcarea carbonica. See emotional diseases.

Headache.

Congestive headache relieved by stooping, a feeling as though a nail were being driven into some part of the head known as clavus hystericus. The headache is accompanied by hysterical or spasmodic symptoms, is worse from tobacco smoke, and is relieved by a profuse flow of pale urine.

Analogues—Coffea cruda.

Which has also the clavus hystericus, with the etiological modality that the Coffea headache comes from excitement, instead of grief, and the excitement is generally of some pleasurable nature.

Cough.

The cough of Ignatia is dry, and, of course, spasmodic, coming in quick successive shocks, is painful to the hyperæsthetic patient, and she tries hard to keep it off; if a child it cries before each cough, but the more the patient coughs the more overpowering is the impulse to continue coughing.

Analogues—Phosphorus, Hepar sulphur, Spongia, Coralium rubrum. In short, the drugs which have dry, spasmodic cough.

Digestive Symptoms.

Bitter taste, regurgitation, gastralgia, empty retching relieved by eating, flatulence. Nux symptoms with more general spasmodic symptoms and more abject depression.

Acrostic Resume.

I—Irritant to cerebro-spinal system.

G—Grief, effects of (Phosphoric acid, Kali Phosphorus, Cimicifuga, Pulsatilla and Hyoscyamus).
Grief, effects of; joy, Coffea.
Grief, effects of; fright, Aconite, Gelsemium, Opium.
Grief, effects of; jealousy, Hyoscyamus, Lachesis.

N—Neuralgic headaches with clavus (Coffea).

A—Aggravation from tobacco, alcohol, emotions and all nervous impressions.

T—Tonic convulsions from mental influences without vascular symptoms.

I—In hysteria. Compare Platina, Hyoscyamus, Asafœtida, Moschus, Nux moschata.
In mental states generally, Calcarea carbonica, Aurum.

A—Apathetic bearing.

Contraries.

Don't forget that the Ignatia patient is the most contrary person in the world, both morally and physically. She has a fever that has no thirst, a congestive headache that is better from stooping, sore throat better from swallowing, chill relieved by uncovering, dyspepsia relieved by eating indigestible food, etc., and they do say that if she were drowned you would have to look for her remains "up stream."

Manila is the Cleanest City in the Entire Orient

Declares the Manila American, and the statement is proved by the records of the bureau of health, which show that there has not in six months been a case of contagious disease. Such a record is the first not only in the history of the American occupation, but also, so far as known, in the history of the islands. Not an epidemic disease has been reported thus far in 1907, nor can the same be said of any other district "all up and down the China coast and other tropical cities in other countries." Another noteworthy fact is that "there have been fewer deaths during the current month than ever before since American occupation."

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Neurology.

PSYCHOPATHIC DIATHESIS.*

BY LILLIAN BRYAN ASKENSTEDT, M. D., ASSOCIATE PROFESSOR OF NERVOUS DISEASES IN SOUTHWESTERN HOMŒOPATHIC MED. COLLEGE, LOUISVILLE.

It seems to be a fact that while the average physician is striving more and more earnestly to understand and cope with "the ills that flesh is heir to," his chief care is for the relief of the body rather than the mind of his patient. The reason for this manifest preference is patent. It is by far a more simple matter to battle with a seen than with an unseen enemy. While we may not say that the doings and misdoings of the various lungs, livers, etc., which come under our consideration, are actually exposed to the scrutiny of our natural gaze, yet, under the light of latter day scientific advantages, this is practically true. The practiced ear and touch of the skillful diagnostician is revealing the mysteries of the unseen. The circulation of the blood once declared to be as absurd as impossible, long ago ceased to be a theory to become a certainty. The most minute details of digestion are being demonstrated to a nicety, and even the intricacies of assimilation have become an old story.

Not so with the unseen workings of the mind. Of psychological pathology we are wary, involuntarily shrinking from close conflict with an evil which can not be served with our natural perceptions, whose intangible proportions we can not even outline through the mist of imperfect knowledge.

That insanity once thoroughly developed and eseablished is rarely cured permanently, is an acknowledged fact. The following extract from a personal letter from Dr. M. C. Dunlap, resident physician at Lexington Insane Asylum, tells its own story:

"I have been greatly discouraged by the temporary character of my cures. Patients leave us apparently well, go home to the some conditions and surroundings which contributed in the first place to the dethronement of reason, and in a short while the weakened will power is again unbalanced. The fact that most of these patients were long past the stage of incipiency before having been placed under intelligent care, goes without saying."

The reports obtained from tubercular institutions are scarcely less discouraging. "Came to us too late," is the repeated complaint. If the disease had been arrested before having reached this certain limit, the patient might have been spared. Do these statements cool our ardor or lessen our efforts in regard to tuberculosis? Rather are we not stimulated to greater promptness and activity to know all there is to be known, and to do all there is to be done toward the suppression of this great evil? Why, then, should we be less fitted and less prompt in our dealing with mental plagues?

We hear much of the rheumatic diathesis, the rachitic diathesis, and the up to-date physician loses no time with his calcareas, his cod liver oils, his diet lists in his effort to anticipate the attack of the enemy whose approach he recognizes. From the insane diathesis we instinctively shrink, drawing our professional robes about us. Insanity in the family we consider and shake our heads.

In searching for authentic causation of insanity we have not been able to discover more proof of its direct and actual transmission from parent to child than by transmitted tuberculosis. Of course, in both diseases we find the inevitable bugbear, heredity, but only as a predisposing cause, requiring the addition of some active cause or causes for the completion of the condition. In investigating the active causes we find them too varied and various to be enumerated, but we are impressed with the remarkably large per cent. of these which reduce themselves simply to a state of impoverishment of brain tissue, actual brain starvation, either from general anæmia or local impairment of nutrition due to overstrain, nerve waste or some abnormal physical condition or function. Do not these facts furnish food for thought? If insanity is not a transmitted condition, but a sum equivalent to two or more factors, requiring not only a tendency but a nurturing of that tendency, and if that tendency depends mainly on depraved nutrition for its continuance and development, is not the subject worth considering?

For example, we learn that syphilis causes insanity, not by direct action upon brain cells, but by its action upon the surrounding tissue, which, in time, cuts off nutrition from those cells.

We find that with the dementias of young women we almost invariably meet with amenorrhœa, not as a cause or result of the mental condition, but simply as an accompanying manifestation of a general lack of nutrition of the patient.

We find that brain cells are actually decreased in size and altered in shape after great strain or prolonged activity or excitement. A rush of blood ensues, we get active congestion, consequent hypertrophy of neuroglia and connective tissue in general, with resulting impediment to free circulation later on, and with gradual exhaustion of vaso-motor forces. Hence continued brain strain or brain waste deprives the student or the debauchee of the possibility of brain nourishment. Brain disease is the only natural outcome.

Not only so, but supposing that there is in the system blood lacking in quantity and inferior in quality; as a result the functions of digestion and assimilation, as well as elimination, are impaired, the circulation is loaded with effete matter, the intricate construction of the brain is poorly adapted to resist the toxins to which it is thus subjected, brain tissue is impoverished, is vitiated, melancholia results, and we have a clear case of insanity from simple, everyday starvation, and that in a land of plenty.

For our tubercular diathesis we are creating "environments." We preach of sunshine and fresh air

*Read before the Falls Cities Homœopathic Med. Society, Louisville.

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and forced feeding. We systematize rest and exercise. In short, we take advantage of common sense measures to build up the strength of our patient and fortify him against impending danger. Identically the same line of prophylaxis applies to those patients in whom we recognize that vague, half definable tendency to mind sickness. For them also we are to advocate an environment, a general influence which will promote their well-being, physical and mental, which will build up their nutrition and give nature a chance to thwart impending doom.

The surgeon of to-day has less and less use for antiseptic measures in his work. We hear less and less of peroxide of hydrogen and other discoveries of its ilk, for the simple reason that asepsis is more perfectly understood and more rigidly practiced, and though an ounce of prevention often seems to bring in returns for less flattering than a pound of cure, nevertheless the truly great physician prefers to dispense it.

The types of insane diathesis which we are apt to meet we find to be, physiologically, representatives of one of two temperaments, either the nervo-sanguine or the nervo-bilious or melancholic. The first of these we may recognize quite young in the restless, excitable child, whose temperature shows a tendency to rise out of all proportion to the physical disturbance, who has convulsions on the slightest provocation, whose nerve energy tends to liberate itself in irregular explosions. Later, we see the same type in the pseudo-plethoric child who returns from school with flaming cheeks and throbbing carotids, but with hands and feet cold and clammy, or perhaps we first discover it in maturity in the woman who manifests a tendency to puerperal mania precipitated by the idle conversation of an injudicious caller, or in the hot-headed, choleric man who complains that he can not sleep after a busy day at the office.

In these cases we find the doom of our patient pending mainly on one point, tendency to cerebral congestion; therefore, our treatment is to be promptly directed to the end of equalizing the circulation and preserving its equilibrium. Here systematic rest and work are to be insisted upon. The child who studies until eleven P. M., and retires with cold feet, or the business man who calculates and worries year in and year out, keeping up his strength on stimulants, is not doing his part to overcome his own predisposition. Sleep and general relaxation are the conditions to be obtained. To this end, hot baths at bed time, or better, hot packs, hot soothing drinks and the application of general galvanism are to be recommended. Here elimination can not be too strongly emphasized. Constipation is responsible for many a nervous exacerbation, even to the extent of convulsions, and to say the least, aggravates any neurotic tendency. Also the urine of these patients is apt to be scant and highly colored. Simple, very simple, wholesome but non-stimulating food eaten regularly, and simple non-exciting modes of living are especially necessary to the well being of these patients.

The other type, the nervo-bilious temperament, we recognize in the illy nourished anæmic child, the depressed secretive women, the hypochondriacal man. These are the children who sob half the night over a punishment or a slight, the wives who are always brooding and suspecting and dreading. These are the patients who despair of their salvation and spend their present in grieving over the mistakes of their past. The mental depression here is not to be reasoned away, or scared away, or even coaxed away, because it is the inevitable manifestation of impoverished brain tissue. We are to feed these patients, to promote appetite, digestion and assimilation in every possible way. To this end we find regular morning baths, cold sponge or plunge, or shower baths invaluable for the promotion of a general sense of well being. The Lachesis patient who awakens with the weight of the world on his shoulders can come nearer disposing of it by a brisk morning rub than by all the reason and logic obtainable. Any kind of legitimate stimulation of the capillary circulation is indicated, massage, faradization, brisk exercise short of fatigue, anything in the shape of an unexpected pleasure, however trivial, any absorbing congenial employment with rest interspersed, any measure that will warm the sluggish blood current and set it a tingle, that will keep the functions of digestion and assimilation at work and build up the depleted, famished, enervated brain and nerve substance.

Two points in the general treatment of either of these types are not to be neglected. First, correct all correctable points of nerve waste or nerve irritation. Here we have recourse to orificial surgery invaluable in the prevention and treatment of any psychopathic tendency. A pair of properly adjusted glasses to hypermetropic eyes may be the turning point in progressive neurotic inclination. A carefully repaired rectum may abort incipient epilepsy. The second point: Granting that our patient has a heritage of insanity, let us help him to forget it. He was not born insane. Many a child of suicidal parents commits suicide through nothing else than a morbid fear of doing so. There seems to be a sort of fascination in contemplating the awful possibility of going insane. The fact that I was born with eyes the exact counterpart of my father's in size, shape and color, does not prove that I am going to see things just like he saw them. There is more in life than its first promises. Nature evidently intended every one except idiots to have some sort of a chance, and fortunately they have not the ability to miss it.

With our materia medica at our command we have much cause for self-congratulation. If we were dependent upon bromides and opiates and alcohol our state were poor indeed, but with such a similimum as Phosphoric acid presents to the whole condition, mental and physical, of incipient dementia in the young—the growing boys and girls—with Silicea, representing, as it does, a patient morbid, over-consciousness, worried about trifles, brooding over the past, with the depraved nutrition, such a mentality accompanies; with Calcarea and Kali phosphoricum, the very food for which famishing gray matter is clamoring, and Ferrum phosphoricum which ought to correct the tendency to too easy brain

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congestion by toning the walls of flabby enervated blood vessels; to say nothing of the direct action of Aconite and Belladonna on cerebral circulation; with Aurum in all its despair, and Sulphur with its depraved nutrition and fanciful vagaries; with Phosphorus and Zincum in their apathetic indifference; with Lilium triginum in all its worry and flurry, and Cimicifuga with its dread and ever-deepening gloom; with Ignatia and Lachesis and Platina for those women who refuse to be convinced that things in heaven and earth are any way except the way they see them; more than all, with a world full of sunshine and good food and pleasant view points, we surely are not unarmed for a battle against the mysterious mental malady which, after all, is not a disease, but only one manifestation of disease. If we believe in the efficacy of our Homœopathy, and if we believe that we are to treat the patient and not one of his symptoms, we are well equipped.

Our contention is simply this: That we be less afraid of the term insanity; that we apply ourselves with unbiased diligence to an intelligent understanding of its etiology and pathology; that we prepare ourselves for a recognition of its incipiency, and do our part to suppress, or at least, palliate, that which as yet we are unprepared to cure.

Addresses.

WOMEN IN MEDICINE.*

BY ADELAIDE E. THOMAS, M. D., SIOUX CITY, IA.

Since our first parents were expelled from Eden, leaving an ideal home of plenty, peace, happiness and endless life for a realm filled with disease, suffering and death, women must have been more or less interested in the practice of healing. While Adam "toiled and sweat," fought "thorns and thistles and wild beasts" as part of his punishment, Eve gathered and "proved" the roots and simples to find something to relieve or alleviate the aches and pains brought upon her numerous progeny, as she firmly believed, by her transgression.

The daughters profited by the experiences and experiments of the mothers, and each generation added something to the stock of knowledge gained by the preceding generation. In time the women learned to comfort and later to assist each other in their time "of sorrow," for the sentence had been pronounced, "in sorrow thou shalt bring forth children," and any aid and sympathy was gratefully received.

Out of the many a few developed especial skill and gentleness in this work, and the woman midwife was evolved. Whatever progress may have been made in the two thousand years before the flood must have been swallowed in that cataclysm, and the few people left commenced again, history repeated itself, as it always does, and we had nurse, herbalist and midwife in the order named. The first really authentic account I can find, of women educated in the science of medicine, is in the early Egyptian history, where we learn that the daughters of the kings were taught all that was known of that science.

That this teaching was thorough, is evidenced by Moses, who received his education under the instruction of Pharaoh's daughter, who had adopted him. His directions for diagnosis and treatment, his rules of hygiene and prophylaxis have never been surpassed. And his teacher was a woman. The results of her work show that she was a thorough scholar, and had a complete understanding of her subject, both from a scientific and practical standpoint.

We can learn very little of the practice of medicine for centuries, but it is safe to say that nearly every mother was her own physician, and that the practice of obstetrics was entirely in the hands of women. One of England's early queens was delivered by an accoucher, an act that caused great excitement in all circles, high and low, showing that it was not usual. But as others followed the lead of their queen, this was really the entering wedge that eventually opened the way for men in this especial line.

The centuries that had given to women the exclusive control of the practice of midwifery had slowly evolved the male doctor from the barber-surgeon. Given a few books, possibly two or three, and later two or three months in some embryonic medical school, to which women were not admitted, gave them or they assumed the title of "Doctor." Then the war began in earnest on the women midwives.

Men had all the advantages on their side, freedom of the schools, the almshouses, hospitals and clinics, and while they gained in knowldege women remained ignorant because deprived of all these opportunities, and while for ages the belief had prevailed that as child-bearing was a natural condition no special preparation was needed by the obstetrician, yet the time came when a choice was made between ignorance and knowledge, and the men won.

Then commenced a struggle which has continued without cessation to this day, a struggle waged by women for admission to the medical profession, and as means to that end, admission to the schools and hospitals. This was and is most bitterly opposed in Europe, because of the belief that women are intellectually incapacitated. This is not surprising when we recall that less than two hundred years ago a French savant wasted reams of paper and quarts of ink to prove beyond peradventure that women were without souls, that they were merely an order of lower animal, created for man's pleasure and profit.

Dr. Mary Putnam says, in speaking of this: "In America it is less often permitted to doubt—out loud—the intellectual capacity of women, therefore the controversy has been shifted to the entirely different ground of decorum."

The struggle was transferred to America, and

*Read before Sioux City Homœopathic Medical Society, June 11, 1907.

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some degree of success has attended the efforts of the women interested, although as yet not entirely satisfactory. The battle was largely, though not entirely, waged here on the ground of propriety, and each had some claim to right. There were and are many reasons for protesting against the presence of the "male-midwife" in the lying-in room, or of the young woman in the medical school. But underlying all of this acute sense of outraged modesty was the inborn and inbred belief that woman was not only weaker physically, but was mentally inferior, and could never compete with great masculine minds.

This condition led to the coarsest antagonism on the part of those same male intellectual giants.

During the Colonial period of exclusive female midwifery the medical profession proper in the United States remained entirely unorganized, and a superficial observer would overlook the existence of doctors in the community unless he made especial inquiry. Speaking of this, Thatcher, in the American Medical Biography, published in 1828, says: "More than 150 years elapsed after the first colonial settlement before a single effort was made either by public authority or by the enterprise of individuals for the education of physicians or for improvement in the practice of medicine."

The first anatomical dissection was made in New York some time during 1750, and until near the close of the eighteenth century no medical journal was published in America. During the years immediately preceding and following the Revolutionary War physicians began to travel to Europe for instruction, and their work as army surgeons, while not very useful to the sick, served to bring the profession before the public, and their observations of disease on a large scale, aroused a keener interest in the science of medicine than had ever been felt before. While the work in the military hospitals was of great benefit to ambitious physicians and aspiring surgeons, yet if its history were given it would certainly shock humanity.

During the years of 1777 and 1778 the ignorance and stupidity of the profession, the crowded and unsanitary condition of hospitals and camps, cost the lives of one-half our army, but the medical men were learning something by their blunders and mistakes, and J. G. Holland tells us that—

"Life, evermore, is fed by death,
In earth and sea and sky;
And that a rose may breathe its breath,
Something must die."

Therefore, let us hope that this great sacrifice of human life was not in vain, that conditions were improved for those who came after.

The first outcome of this newly aroused interest in this subject was the expulsion of women from even the outlying provinces of the profession and from their world-old privileges as obstetricians. A noted Boston physician said: "It was one of the first and happiest fruits of improved medical education in America that females were excluded from practice, and this has only been effected by united and persevering efforts of some of the most distinguished individuals in the profession."

After a time a period of reaction set in, and Dr. Samuel Gregory, of Boston, opened a crusade on behalf of the women, and protested earnestly against male-midwives. His article aroused a general discussion in the public press, and the arguments advanced on both sides were violent and vindictive. It is interesting to compare some of the arguments used in this contest with the arguments used on the same subject to-day. Dr. Gregory summarizes his lectures on this subject as follows:

"The employment of men in midwifery practice is always grossly indelicate, often immoral, and always constitutes a serious temptation to immorality." On the other side, Dr. Blackwood, in the New York Medical Record. 1884, says: "To attend medical clinics in company with men, women must lay aside their modesty. There are still gentlemen who would blush to expose their mothers, sisters or wives to what, before women only, would be indecent and improper."

Thomas Ewell, M. D., of Virginia, scores one for the women: "I view the present practice of calling on men in ordinary births, as a means of sacrificing delicacy and consequently virtue." In 1870, Theophilas Parvin in his lecture, "Woman and Her Physician," said: "History, physiology and the general judgment of society unites in the negative of woman's fitness for the medical office."

An editorial in the Buffalo Medical Journal, 1869, reads: "If I were to plan with malicious hate, the greatest curse I could conceive for women, to estrange them from the protection of women, and make them loathsome and disgusting to man, I would favor the so-called reform which proposes to make doctors of them."

In 1850 we find the following in Northern Christian Advocate: "We have long been convinced that both morality and decency requires female practitioners of medicine. Nature suggests it, reason approves it, and religion demands it."

The Medical and Surgical Reporter, of 1867, has the following literary gem: "There are free thinkers in the medical profession as there are free lovers in social life. The opposition of medical men arises because this movement outrages all their enlightened estimate of what a woman should be. It shocks their refined appreciation of woman to see her assume to follow a profession with repulsive details at every step, after the disgusting preliminaries have been passed."

An article, entitled "Females as Practitioners," published in 1820, gives us this: "It is obvious that we cannot instruct women as we do men in the science of medicine, we cannot carry them into the dissecting room and hospital. Many of our more delicate feelings, much of our refined sensibilities, must be subdued before we can study medicine, and in females they must be entirely destroyed."

To find "the delicate feelings, the refined sensibilities" of the average male medical student, and

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then subdue the same, would be a task to appall a Hercules.

Elizabeth Blackwell, the first woman to graduate in medicine in America, had a strenuous time before accomplishing her purpose. After being refused admittance to twelve medical schools she made application to the school at Geneva, New York, and was admitted, the faculty referring the matter to the students, who voted to receive her. On her graduation in 1849, the Boston Journal had this to say: "The ceremonies of graduating Miss Blackwell, at Geneva, may well be called a farce. I am sorry that Geneva should be the first to commence the nefarious process of amalgamation. The profession was quite too full before."

Dr. N. Williams, in a paper read before the New York Medical and Surgical Society, June 6, 1850, delivered himself of the following: "The bare thought of married females engaging in the study of medicine is absurd. It carries with it a sense of shame, vulgarity and disgust!" But it remained for the editor of the Boston Medical and Surgical Journal, of June, 1832, page 106, to epitomize the whole question. He says: "The serious inroads made by female physicians in obstertical business, one of the essential branches of income to a majority of well established practitioners, make it natural enough to inquire what course to pursue."

I quote one more gem, this from the Cincinnati Lancet and Clinic, published during 1881. It is from the address of the President of the British Medical Association, which, convened that year in London: "I am not over-squeamish, nor am I oversensitive, but I almost shudder when I hear of the things that ladies now do or attempt to do. One can but blush and feel that modesty, once inherent in the fairest of God's creation, is fast fading away.

"You, gentlemen, who know the delicacy of woman's organization, you must know that constitutionally they are unfit for many of the duties of either doctor or nurse. May not habit so change that fine organization, that sensitive nature of woman, as to render her dead to those higher feelings of love and sympathy which now make our homes so happy, so blessed? Will not England's glory fade without its modest, sympathizing women and its race of stalwart youths and blooming maidens?

"You, now, gentlemen, know my views as to the propriety of ladies becoming doctors and nurses"

I listen and imagine I hear some progressive American woman breathe gently the euphonious exclamation—"Fudge!"

One more quotation from the other, the golden side of the shield. In 1855 Horace Greeley, in an editorial in the New York Tribune, said: "Fifty years hence it will be difficult to gain credit for the assertion that American women acquiesced throughout the former half of the nineteenth century in the complete monopoly of the medical profession by men even including midwifery and the diseases peculiar to women. The current usage in this respect is monstrous!"

The establishment of medical schools for women marked an epoch in the history of women in medicine.

The first of these schools was founded in 1848 by Dr. Gregory, at Boston. This was not only the first school of the kind in America, but the first in the world. In 1874, after maintaining a precarious existence for twenty-six years, by an enabling act of the Legislature, the funds were handed over to the Boston University, which was just founded, on condition that women should be admitted to the medical department of the University. This condition was honestly met, and women were admitted to all the departments on equal terms with male students, but as the medical school shortly became strictly homœopathic, women seeking instruction in other schools of medicine were not benefited.

Shortly after this two schools were opened in Philadelphia, one of which died at an early age of "heart failure." The other, after a severe struggle, was established upon a permanent basis, and is now "The Woman's Medical College of Pennsylvania."

In 1869 the University of Michigan opened the door of its medical department to women, and at the same time voted that two homœopathic teachers should be added to the faculty. The yearly sessions were only four or five months, and the teaching very inadequate, not only in the schools mentioned, but in others which were opened in different States, until Dr. Emmaline Cleveland and Dr. Elizabeth Blackwell raised the standard of scholarship in the school with which they were connected. In 1859 Dr. Blackwell estimated that three hundred women had graduated somewhere in medicine. Many of them became discouraged and gave up the work, while many others struggled into second rate positions. Realizing that these failures were in part due to inadequate teaching and want of opportunity, a number of women applied simultaneously for admission to the leading colleges.

Harriet K. Hunt, who had been practicing medicine successfully for many years without a diploma, applied at Harvard, and was promptly and decisively refused admittance. Three years later, in 1850, she again asked permission to attend the lectures Five of the seven members of the faculty voted to admit her on the usual terms "if the statutes of the State did not forbid it." But unfortunately for Dr. Hunt, three colored men had been admitted at the beginning of the school year, and when the students learned that the faculty had voted to admit a woman to the sacred precints of Harvard, they arose in their might, called an indignation meeting, and "Resolved, That they would not bear the double disgrace of both negroes and women in their school." The faculty, fearful that the students would withdraw in a body and go to Yale, quietly and gracefully "crawfished," and women were excluded, showing that in educational privileges as well as in politics the negro has the advantage of the American white woman.

At about the same time permission was granted to two women to attend the medical school in Philadelphia. On their first appearance they were greeted by a mob of students, who were armed wtih stale eggs, stones and mud, which they used freely, in-

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discriminately and gleefully. The women were, of course, driven from the field by their chivalrous assailants.

These students were no doubt examples of the men whose "finer feelings" and "delicate sensibilities" had been so "shocked and subdued by the study of the divine art of healing."

In 1879 Miss Marian Hovey, of Boston, offered $10,000.00 to Harvard University on condition that it should receive women among its students. After wrangling for more than a year over the matter, for women's money always "looked good" to men in colleges, churches, etc., even if the women themselves are undesirable, they rejected Miss Hovey's offer. The committee reported favorably, but the faculty of twenty-one members stood—seven bitterly opposed, eight more or less opposed, but willing to try the experiment, six were in favor of admitting them under certain restrictions. Later the university secured the donation by opening the annex, to which women are admitted to certain privileges.

The history of women in medicine cannot be fully given without referring to the struggle of women, from the foundation of the government, for their rights, the right of franchise, property rights, and right to an education along all lines equal with men.

One thing I must mention in this connection, as it has a direct bearing on this subject. The 19th and 20th of July, 1848, the first Woman's Suffrage Convention was called at Seneca Falls, N. Y., and was attended by crowds of the leading people, and the deepest interest was manifested. Daniel O'Conner, who was one of the leaders in this movement, gave this advice to the women: "Demand the uttermost and you will get something." The leaders, Lucretia Mott and Mrs. Elizabeth Stanton, acted on this advice, and demanded in the plainest terms all that the most radical friends of woman have ever claimed —Equal rights in colleges and universities, in trades and professions, the right to vote, the right to share in all political offices, honors and emoluments, to complete equality in marriage, equal rights in property and equal wages for equal work, the right to make contracts, to sue and to be sued, the right to personal freedom and to equal rights in minor children, and to serve on juries, especially when women were tried."

When these demands were supported by such men as Ralph Waldo Emerson, Theodore Parker, Henry Ward Beecher, Rev. Wm. Channing, Henry Blackwell, Wendell Phillips, and women like Lucy Stone Blackwell, Frances D. Gage, Susan B. Anthony, Lydia Maria Child, Antoinette L. Brown, Mrs. Stanton, Lucretia Mott and hundreds more of the best and brightest men and women of the day, we can easily see that the help and support given the comparatively few women who were making an effort just at that time to secure a footing in the medical profession, was incalculable, in fact, never could have been accomplished without the aid of those noble men and women who were working for the good of all.

Another epoch for women physicians began with the founding of hospitals where women could obtain clinical training to supplement the meager instruction she had received in the schools. In 1850 a few wealthy New York women founded the first woman's hospital in the world, and placed Dr. Marion Sims in charge. One of the By-Laws governing the hospital was that a woman should be assistant surgeon. Dr. Sims, in his "Story of My Life," says: "I evaded this law by appointing Mrs. Brown's friend, Henri L. Stuart as assistant and Mrs. Brown as matron and superintendent," and Dr. Blackwell, who had had an education far superior to the average doctor of the day, who had had special training under Dr. Simpson, of Edinburgh, and Huginer, of Paris, the most distinguished gynæcologist of the time, was rejected. Dr. Mary Putnam Jacobi, says of Dr. Sims: "Suffering womanhood undoubtedly owes much to Marion Sims' inventive genius. But on the other hand, Sims' fame and fortune were made by women, from the poor slaves in Alabama who, unnarcotized, surrendered their patient bodies to his experiments, to the New York ladies whose alert sympathies and open purses had enabled him to realize his dream and establish his personal fortunes."

In view of these facts it would only have been an act of justice on his part to have shared his opportunities with these women, who, like himself, had met opposition, unjust criticism and misfortune. But he failed to do so, and it made all the difference to those pioneer women—"between brilliant and modest, between immediate and tardy professional success." The story of these women reads like a romance, and each one has an interest of its own and each is the story of petty persecution, bitter opposition and struggles that would make a man a hero to whom would be erected a monument by an appreciative public.

I have only time to name a few of these heroines: Drs. Harriet Hunt, Elizabeth and Emily Blackwell, Lucy Sewall, Helen Morton, Sarah Adamson, the second woman in the United States to receive a diploma; Emmaline Cleevland, Dr. Zarewska, the brilliant young German woman who came to America that she might practice the profession she so loved; Dr. Mary Thompson, the pioneer physician in Chicago, who, for a time, was introduced as a curiosity, but who soon gained the respect and sympathy of the people so that she was enabled to establish the hospital for women and children, and when the woman's college was opened, the students found Dr. Thompson's little hospital their first opportunity for clinical instruction. In the hospital was a tiny lecture room containing twelve chairs, a table, a portable blackboard and a skeleton, a small dissecting room, and very limited accommodations for patients. In 1871, just as money had been collected to purchase a better house and lot for the little hospital, the great fire wiped it out, and when the remnants were gathered together "they were found to consist of one or two helpless patients, two house maids, a nurse, a pair of blankets, two pillows and a bit of carpet." This fire was for the hospital one of those disguised blessings that we hear so much

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about, and in 1871 the Relief and Aid Society purchased a building for $25,000 and gave it to the hospital on certain conditions, one of whch was that twenty-five patients should be cared for yearly free of charge. During the first nineteen years 15,000 patients had been cared for by the hospital. In 1875 Drs. Charlotte Brown and Annette Buckle opened a Woman's and Children's Hospital in San Francisco, and in 1882 the Northwestern Hospital at Minneapolis. From 1857 to 1883 six hospitals had been founded for and were supported by women. Ninety-four women physicians were employed in them, and 18,600 patients were treated in one year. The Woman's Hospital at Philadelphia, which was founded in 1862, during the Civil War, was the outgrowth of a singularly brutal incident. The resources of the college were entirely exhausted, and the lecture course had been suspended because of inability to rent a room in which to hold the lectures, but permission had been granted the students to visit the wards of the Blockley Almshouse. In order to disconcert the women students one of the young men brought in a male patient perfectly nude. This insult so aroused the friends of the hospital that funds were soon collected to purchase a house in which might be opened a hospital where women could obtain clinical instruction without being subject to insult.

At this time, when well educated women physicians were a well established fact and their friends were many and influential, men awakeded to the fact that something must be done to suppress them, and the Philadelphia County Medical Society assumed to be the first to check this alarming innovation of "women's schools and female doctors." Resolutions were adopted forbidding all physicians from lecturing to or counciling with or associating in any way with female doctors on penalty of ostracism. The men who lectured in women's colleges were refused membership in all medical societies. In 1871 the annual meeting of the American Medical Association, a national organization, was held in San Francisco, and the "female physician" question was thoroughly "threshed out." If time would allow, it would be very interesting to note the arguments used both pro and con by these great men and leading scientists of the nation, and I cannot close this paper without giving a few samples. Dr. Davis, of Illinois, asked solemnly: "Has the time come to deliberately open the door and welcome the female portion of the community, not only to our profession, but into all professions? Is there any difference in the sexes? Are we to heed the law plainly imprinted on the human race, or are we to yield to the popular breeze?" Dr. King, of Pittsburg, remarked that "This war on women is beneath the dignity of a learned society of scientific men." Prof. Johnson, of Missouri, said: "This body will stultify itself by the admission of women" Dr. Atlee, of Philadelphia, remarked: "The opposition to women's colleges generally comes from professors or controllers of colleges for men. These women's colleges stand in many respects far ahead in obstetrical and clinical instruction of the colleges represented here. By the rules of our Medical Association I dare not consult with the most highly educated woman physician, yet I may consult with the most ignorant masculine ass in the medical profession." Dr. Storer, of Boston, said: "There is this inherent quality in their sex, that uncertain equilibrium, that varying from month to month in each woman that unfits her for those responsibilities which are to control life and death." To this Dr. Gibbons, of San Francisco, replied: "If we are to judge of this proposition by the arguments of my friend, I think it would prove conclusively the weakness of his side of the question. It is a fact that a large majority of male practitioners fluctuate in their judgment, not once a month with the moon, but every day with the movement of the sun. I ask whether it be not true that one-half of the male practitioners are not to a greater or less extent under the influence of alcohol at some period of the twenty-four hours?"

And so the war went blithely on until finally the whole subject was laid on the table without a vote. This was the last discussion of the question, for in 1876 the national meeting was held in Philadelphia and women delegates were admitted without discussion.

After all these years of struggle and bloodless warfare, we find women in all the schools, in nearly all the colleges and universities; we find women physicians in all the cities and in most of the smaller towns; we find them admitted to equal membership in nearly all medical societies, but they are seldom found on the programs or in official positions. Men are not afraid of the consequences, and, therefore, do not refuse to consult with women; but they seldom, if ever, call a woman doctor in consultation with them. In many of the allopathic schools, while women are allowed to matriculate, on the same terms as men, and with all the privileges, yet the male students, supported by many members of the faculty, use every effort to make the lecture and dissecting rooms places of martyrdom, and they succeed admirably. Every sense of decency is violated, obscene stories are told, ribald and vulgar songs are sung and the vilest drawings are left upon the blackboards and walls of the dissecting room for days at a time. A few years ago a young woman student complained of these things, to a member of the faculty of a medical school in Iowa. At his next lecture he told of the complaint that had been made, and drawing his hand over his mouth and chin to cover a malicious grin, he added: "But, boys, I am not running a Sunday School." The "boys" responded with a whoop that would do credit to a base ball "rooter." If after running the gauntlet of mental and moral torture for three or four years the woman receives her "sheep skin," she goes out into the world and finds that instead of receiving the help and encouragement from her brother practitioners that the boys in her class receive, she is utterly ignored and must "paddle her own canoe," and sink or swim as fate wills. The young man unites with the Masonic order, becomes an Odd Fellow, a K. P., an Eagle and an Elk, dabbles in politics, is appointed city or county physician, is

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elected coroner, or is invited to accept a position as interne in some hospital founded and supported by women. Each and all of these things are steps and helps to something better; but all closed to women.

One other thing that meets and surprises the young woman doctor is the fact that instead of the majority of women patronizing women physicians, only a small minority do so, which is certainly discouraging for the woman who has at such an expenditure of money and nerve force prepared herself for this work. A lady came into my office one day a few years ago, and said, with great earnestness: "Doctor, more women ought to study medicine. I cannot see why they do not. We need them so much; there should be more women than men in the profession." I replied: "You can find the principal reason in your own home. You are deeply interested in women physicians, which is all very nice and laudable, but when you or any member of your family is sick, you send for a man doctor every time. It is you and such women as you that discourage women in the profession and keep other women out."

But women are in medicine to stay, and I have faith to believe that in the course of time they will receive the kindly and broad recognition they certainly deserve.

THE HOMŒOPATHIC MEDICAL SOCIETY OF EASTERN OHIO.

The 35th semi-annual meeting of this Society was held October 16 at Barberton. The session, lasting all day, was held in the assembly room of the Barberton Inn, and was presided over by the President, Dr. C. H. Whipple, of that city. The attendance was good and included a number of physicians from the surrounding country for a distance of perhaps fifty miles. The local doctors entertained the visitors at luncheon at the Inn and in various ways contributed to their comfort and pleasure.

Dr. William Murdock, of Akron, read a very interesting and well-deserved eulogy on the life of the late Dr. H. W. Carter, of Cuyahoga Falls. Dr. Carter was one of the charter members of the society and had served it long and well in every capacity. Of these charter members only three are living, Drs. O. D. Childs, of Akron; M. M. Catlin, of Canton, and R. B. Johnson, of California. Notice was also taken of the death of another member, Dr. J. Deetrich, of Youngstown, and Drs. Murdock, Jones and Horner were appointed a committee to prepare a suitable memorial.

Dr. O. A. Palmer, of Cleveland, read a paper reviewing the history of the fatal illness of Dr. R B. Carter, with a report of the post mortem examination. This paper was fully discussed by Drs. Biggar, Jones, Horner and others.

Dr. Newman T. B. Nobles presented a specimen which created considerable interest. The patient was a woman of 57 years, who had a very large goitre. This Dr. Nobles removed successfully in spite of the fact that one lobe of the tumor extended deeply behind the sternum. The patient recovered. Drs. Palmer, Horner, Bishop, Staples and Biggar discussed the report.

Drs. C. C. Wallenbaugh, of Canton, and F. D. Smith, of Cuyahoga Falls, reported a number of cures by the higher potencies. The members showed a great deal of interest in these reports and discussed them in a way which showed that the men present were full of their belief in the truth of the similia and the efficacy of the potenized drug.

The subject presented by Dr. Geo. B. Haggart, of Alliance, Ohio, was "Two Surgical Questions," 1. Systematic, early intervention; 2. The need of positive, late rejection or refusal. He discussed surgery from the standpoint of the duty of mending, not destroying humanity. He discussed the surgical course of disease, then the necessity for surgical intervention with the object sought. Then he passed on to the subject of his address, a consideration of first systematic, early surgery and ultimate or late surgery, and second, the necessity at times for positive refusal to operate.

Discussion was taken up by Dr. Biggar, who emphasized the necessity for early reference to the surgeon. Dr. Jones, in his discussion, made the pertinent point that the surgeon should not alone decide as to the necessity for operation, that the medical man certainly had some rights in the matter. He claimed that the fact that there have been many medical cures of surgical cases, should entitle to the medical man a place in the discussion as to methods for cure.

Dr. Thos. H. George, of Cleveland, presented a specimen but discussed the case from the standpoint of the anæsthetist. He spoke of anæsthesia in throat operations, particularly where preliminary tracheotomy was necessary.

Dr. Wm. T. Miller, of Cleveland, presented a speciment, a brain tumor, which by pressure had caused all the well-known symptoms of that condition. Dr. Miller's operation was wholy successful, the patient having recovered almost full use of the parts affected.

Following this address the society adjourned to meet in May at a place to be selected by the officers. H.

Examining Board Meetings for November.

Nevada, Carson City, November 4.
Maine, Portland, November 12.
Connecticut, New Haven, November 12, homœopathic.
Connecticut, New Haven, November 12, eclectic.
Connecticut, New Haven, November 12, allopathic.
Massachusetts, Boston, November 12-14.
West Virginia, Clarksburg, November 12-14.
Missouri, St. Louis, November 19-21.
Florida, Jacksonville, November 20-21, allopathic.

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Is an active diuretic; it will relieve the pain and tenesmus of acute cystitis, and it acts better if given in hot water.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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Editorial.

THE SOCIAL EVIL.

It was the good fortune of the writer to hear Dr. G. Frank Lydston, of Chicago, discuss the social evil recently. Few men are better fitted than he to talk on such a subject. For a long time he has made sociology a deep study, and this one particular phase of it comes well in touch with his work as a specialist on genito-urinary diseases. As a specialist he probably has no superior, and his professorship in the Chicago College of Physicians and Surgeons and the Kent College of Law, together with his extensive dispensary work, opens up to him a field for investigation of which he has taken full advantage. Hence it is that what he may have to say along the lines of the proper handling of the prostitute and her vocation is worthy of distinct recognition as the word of an authority.

It will be impossible to give within the limits of this column anything like an adequate review of the address. It was a masterly effort, covering the whole ground fully, and more than meeting the anticipations of the members of the Council of Sociology, before whom Dr. Lydston appeared.

It will be interesting to record some of his conclusions, the result of very careful observations. He noted the fact that the ordinary discussion of the social evil is tabooed by society, that it is regarded by many as a necessary evil, though he refused to give his assent to such a declaration. He called attention to the fact that polygamy, while to-day it is not tolerated, was in the days of King Solomon, and both before and after, not only tolerated but considered the proper thing. He claimed that the only social systems free from prostitution are the barbarous or semi-barbarous. In the civilized nations prostitution increases with the increase in the expense of living. Just why this should be so is a question, but it is certainly recognized as a fact, that the higher in civilization a nation advances the greater is the prevalence of this blot upon its face. It has always existed, and apparently always will exist, inasmuch as its suppression has been found to be an absolute impossibility.

Just what was meant by the statement that virtue is purely physical and politic is a question. A further explanation would certainly be needed before we could assent to the proposition, nor can we agree with the speaker in his assertion that millionaire shop keepers are practically responsible for the downfall of many of their women employes, because of the temptations in the way of finery placed before them.

He drew an effective analogy between social distress and social disease, which is quite warranted by facts which have developed in the history of great cities.

Taking up another phase of the question, he deprecated the vicious and immoral training received by so many of the youth of the land. He questioned the necessity for "wild oats," calling attention to the fact that where one boy had the physical and moral structure to carry the reaping, ninety-nine were crushed under it.

"Do Penitents Make Good Husbands?" Such was the question propounded by one of the Chicago papers, and the speaker said he was amazed at the number of letters received from women who declared they would rather marry a man who had "been through the mill" than one who had lived an absolutely virtuous life. Comment is superfluous. Dr. Lydston emphatically denied that any man was the better for having "sowed his wild oats;" scars remain, and 'way down deep in his soul the man is never again fully satisfied with himself. And not only this, but many is the young and heretofore healthy girl who within a few months after her wedding day becomes a confirmed invalid through gonorrhœal infection from the man to whom she has the right to look for comfort and protection. It's a sorry state of affairs truly.

Fifty per cent. of the diseases of the population are caused by gonorrhœal infection. There are more than 200,000 syphilitics in New York City. Probably ten to fifteen per cent. of Chicago's population have gonorrhœa. "Wild oats" are responsible for insane in our asylums, criminals in our jails, illegitimate children, suicides, gamblers and defaulters. Hundreds of thousands of dollars are spent by governments and municipalities to repair the damage, moral and physical, wrought through the existence of the social evil,

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And what are you going to do about it? That

prostitution is incurable under present conditions goes without saying. Not only this, but it is conceded by those who have made a study of the evil that suppression will result in social distaster. That seems queer, but it is not even debated, it is conceded. But there are means by which the effects may be mitigated. And the cure should be begun with the education of the young. The boy and the girl should not be educated in the same way, physiologically, or, more properly speaking, sexually. In this connection the speaker cited an episode in his own experience. He was given a manuscript by the author with the request that a fair and candid opinion be offered of its contents. When he came to read it he found it to be nothing more nor less than a free treatise on the physiology of sexual relations, including a minute description of the sexual act. In spite of Dr. Lydston's protests, the author actually published the pamphlet at his own expense and scattered it broadcast. Here, again, comment is unnecessary.

Advanced pupils should be taught sexual physiology and venereal pathology. He would suggest continence instead of antiseptics.

He claimed that regulation and inspection of prostitutes has been uniformly unsuccessful in preventing disease. In the two great cities where it is in vogue it has not only failed in limiting disease propagation, but it has increased clandestine prostituition. In Paris not over 10 per cent. and in Berlin not over 15 per cent. of the prostitutes are registered. Not only that, but there is no system of examination that will determine absolutely the absence or presence of the gonococci, for they lurk in the deep-seated glands, and oftentimes only menstruation brings them to the surface.

He strongly advocated the erection of special hospitals for the treatment of venereal disease. He condemns the arrest and fine of prostitutes, and also strongly deprecates the prevailing tendency in many newspapers and plays to bring this social relation so constantly and offensively to the surface.

He urges physical training for both boys and girls. The boy with hard muscles and healthy organs is less likely to be influenced by sexual things. He would have careful supervision of both boy and girl at the time of puberty. He would carefully scrutinize any gathering of boys or girls. The tendency in segregation of human beings is for all to sink to the level of the lowest rather than rise to that of the highest hence the boarding school may be a dangerous place for the developing boy or girl.

This fragmentary review certainly does not do justice to either the speaker or his address. The large gathering of representative men was very much impressed with the gravity of the situation, and there can be no question but that each individual registered a resolution that he would be active in his efforts to mitigate the evil in so far as he could do so.

THE PLAGUE.

For several years a commission of English scientists has been at work in India endeavoring to solve the problem of the means by which the plague is transmitted, and we have information that a solution of the problem has been reached. A firm in London, whose specialty is the manufacture of apparatus for scientific inevstigation, constructed for the commission a chamber so arranged that a uniform temperature of any desired height up to 75 degrees could be maintained for an indefinite period. In this chamber were kept a large number of rats and fleas, the temperature being at a point which kept them dormant. After many experiments it has been definitely proven that the fleas are the carriers of the contagion, and the report, which will soon be issued, is expected to demonstrate the truth of the conclusion.

It is interesting, though distressing, to note that two of the members of the commission died during service—one from typhoid, from infection while experimenting, the other from Malta fever, contracted under the same circumstances. It is only by such sacrifices as these and at such a cost that many of the most valuable knowledge in science is obtained, as witness the cost in valuable lives of the demonstration of the source of contagion of yellow fever.

The only consolation we have is the knowledge that by the solution of these problems innumerable lives are saved in the future by the adoption of means to prevent the dissemination of disease.

EDITORIAL BREVITIES.

Queer.

When a local society invites another society to be its guests for a meeting, one would suppose that there would be a realization that a certain amount of responsibility has been assumed and that, feeling this responsibility, the local society would not be content with simply providing a place of meeting and a more or less palatable luncheon for its guests. What we mean may be shown by the relation of an experience only recently met with.

Some fifteen doctors traveled some of them sixty miles, to attend the meeting of a prominent society, which meeting had been duly advertised and occurred as a result of an invitation extended six months previous. When said doctors arrived, the local men were conspicuous for their absence. Not one of them was present at the depot or at the place of meeting, and no one put in an appearance for nearly an hour, and this in spite of the fact that the president of the visiting society is a member of the local society, a resident of the town and lives only five minutes' walk from the hotel where the meeting was held. No, it was not a lack of desire to be courteous, nor a lack of knowledge that courteousness is the proper thing always. It was simply

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thoughtlessness, that's all. But it did make the visiting delegation feel somewhat cold.

Recognition.

In the current Medical Bulletin, the official journal of the Medico-Chirurgical College of Philadelphia, is a clipping from the American Review of Reviews for September, which speaks of the influence of the sculptor, the late Saint Gaudens, on American art. To our school it is particularly interesting because of the following sentences:

"It would be difficult to overestimate Saint Gaudens' salutary effect upon American sculpture 'all along the line.' As Mr. Taft points out, since the 'Farragut' was erected, single figures are better posed, modern costume is treated with more intelligence, pedestals are appropriately designed and in harmony with the statues, and even the lettering on the monuments has been improved. Hence we find throughout the country to-day such acceptable figures as MacMonnies' 'Nathan Hale,' in City Hall Park, New York; Niehaus' 'Hahnemann,' in Washington, in which the drapery is particularly well handled," etc., etc.

To which it is, of course, quite proper to call the attention of J. H. McClelland, of the Institute's Committee on the Hahnemann Monument.

"Along Rational Lines."

We have before us a new materia medica written by a member of the American Medical Association, which, among other things, claims to explain the therapeutic devopments of sectarian medicine "along rational lines." How a physician presuming himself, and it must be his own presumption, to be sufficiently educated in the various schools of medicine to write a book of this kind passes understanding, especially as it is written in a serious mood. He has evidently endeavored to present to his readers what he considers the essentials of eclectic and homœopathic materia medica, and has commented thereon from his own or the allopathic standpoint. It is for the most part a statement of his belief, not his experience. There are some curious things to be found in this book, and for the amusement of our readers we will refer to one or two of them.

Under Rhus toxicodendron he tells what it is, gives much worthless advice as to its preparation, and proceeds to give, first, the allopathic conception of the eclectic indications. Throwing aside with a Podsnappian wave the specific application of the remedy, according to the tenets of that school, he tells of their uses of it in the diseases to which it is applicable, but he seems to be ignorant of the indications for its use, further than the name of the disease. For instance, he says it is useful in chronic rheumatism, acute erysipelas, septic cholera morbus, and for all the book says the eclectics must use it in all cases of these diseases, a genuine allopathic conception of eclecticism.

Under the homœopathic indications he abridges four pages of symptoms to illustrate the "complicated indications of Homœopathy," and one can see that he has selected some excellent indications, not especially of the remedy, but illustrative of his conception, which is essentially allopathic of our symptomatology; for instance, we quote from them: "Face—swollen, irritation in articulation of jaws. Abdomen—pain, relieved by lying upon abdomen. Sleep—heavy, stupor." True, these are quoted from one of our leading materia medicas, but he has failed to grasp the genius of the drug as viewed homœopathically.

Now comes the masterpiece, the deductions, the "explanations along these lines" from the allopathic standpoint. This furnishes something of real value about Rhus toxicodendron, and as our readers want the latest, something up to date, something that bears the brand of so called scientific medicine, we will quote it in full:

"An inhibitory agent in cerebral engorgement, influencing the vaso-motor mechanism; a sensorial sedative inimical to toxic irritation, increasing nerve tonus and promoting the functional activity of the terminal nerve filaments; a vital alterative, influencing defective metabolism."

That is all there is to Rhus from the scientific pharmacological (!) standpoint of the allopathic school. From this one can deduce all the uses of the remedy, and Homœopathy and eclecticism have unwittingly furnished the guideboard to this desirable destination.

Under Sabadilla the learned author states that Homœopathy has "so much better drugs I do not see why they use this one." Is not this an ultra scientific idea? Under China he remarks that Homœopaths use it in practically "all diseases marked with periodicity." The author says on page 147, "The dilutions used by the Homœopaths are inadequate in practice," and in almost the next breath, on page 153, he says: "The present author pleads ignorance in the use of the dilutions. But why go on, the book is a veritable hodge-podge of an allopathic conception of something about which nothing is known, and on which the author should not have attempted to comment. The aim of the work is difficult to comprehend unless it be to induct his brethren into the expansion of their drug therapy along homœopathic and eclectic lines, but we fancy the thinking ones will prefer to select their own authorities in these schools.

Editor's Table.

GENERAL NOTES.

Two important changes have been made in the faculty of Hahnemann College, of Philadelphia: Dr. Charles Mohr, for many years Professor of Materia Medica, has resigned and Dr. O. S. Haines now takes that profesorship. Dr. Mohr still retains his office of Registrar. Dr. W. C. Goodno has resigned from the chair of Practice of Medicine. No ap-

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pointment has been made to fill the vacancy. Dr. Goodno retires from active practice and will probably remove to California.

For the third successive year, Dr. Joseph Hensley, of Oklahoma City, has been elected President of the two territorial societies. Dr. Hensley's presidential address was printed in full in the Oklahoma papers by special request of the Society. This and his repeated election are marks of very high appreciation and should be considered great honors.

Dr. C. P. Seip, of Pittsburg, is a member of the Pennsylvania State Board of Medical Examiners, having been appointed to fill the vacancy occasioned by the death of the late Dr. L. H. Willard, of Allegheny.

Dr. J. C. McCauley, of Rochester, Pa., spent his vacation touring the east and northeast. He reports a very delightful trip with no accidents and many pleasant incidents.

Dr. Seymour B. Moon, of Beaver Falls, Pa., has retired from general practice and will spend the year in special study in preparation for following a special line of work in the eye and ear.

Dr. Carl Von Arx Schneider, formerly of Cleveland, but for a year or more a member of the staff of the Gowanda (N. Y.) State Hospital for the Insane, has been promoted to the position of Assistant Physician in that institution. Dr. Schneider is the Pathologist to the hospital, being especially well qualified for that position by reason of his service in the Pathological Institute maintained at New York by the State Commission of Lunacy.

Dr. A. Leonard Innes has removed from Cincinnati to Cleveland, Ohio. Dr. Innes was a member of the faculty of Pulte College and made a good record there. He has already begun work in the Cleveland Homœopathic Medical College, into whose circles he was warmly welcomed. Dr. Innes established offices in the Rose Building.

Dr. Margaret Hassler Schantz, of Reading, spent her vacation in September with friends in the suburbs of Cleveland. The doctor looks hale and hearty and expects to resume her active work with all her former vigor. From what we understand, she is one of the very live ones in homœopathic circles in Reading.

Dr. Newman T. B. Nobles, of Cleveland, Ohio, expects to sail with his family during November for Europe. The doctor is planning to spend the next year abroad in study following the line of general surgery, in which he has done such successful work. He has been particularly successful in surgery of the neck, having had a number of cases recently.

Dr. H. L. Frost, surgeon in the Cleveland Homœopathic Medical College, has returned from his summer home on Bass Island, Lake Erie, and has taken up his work in the college.

Dr. A. E. McClure has undertaken to complete the course on Electrology in the Cleveland Homœopathic Medical College, vice Dr. Denver H. Patterson, resigned.

Dr. James C. Wood, Cleveland's abdominal surgeon, has returned from his trip to the north and is actively at work. He looks well and fit.

The sanitary officers of the State of New York held their seventh annual conference in Buffalo, on October 16, 17 and 18, under the direction of Commissioner E. H. Porter. Besides the chairman the homœopathic school was represented on the program by papers from Dr. H. D. Schenck and Dr. Harlan Cole.

We have received cards announcing the marriage of Dr. W. B. House, of New York City, which occurred on October 16. The congratulations of the Medical Century are heartily extended.

Decatur, Illinois, needs more homœopathic physicians, also a good homœopathic surgeon, one who adds to his knowledge of surgery therapeutic skill, would do a fine business.

The Morning News, of Paris, Texas, contained during the latter days of September some strong educational and propagandistic articles on Tuberculosis from the energetic Dr. R. B. Leach, the "man from Texas."

Dr. Hensley writes from Oklahoma City: "Our city is growing faster than ever, large and substantial blocks going up everywhere. The annex to Lee Hotel is fast aproaching completion. It will be a grand hotel when finished. Our State meeting was a success." There is some enthusiasm in the Southwest, and we hope it is catching and that all who attend the Institute meeting may return with a good dose of it.

Dr. Albert E. Hinsdale, son of Dean Hinsdale, of the Homœopathic Department of the University of Michigan, has located in Pontiac, Mich. Dr. Hinsdale is a thorough Homœopathist, and a most excellent prescriber, and will succeed in any field.

The Orificial Society has selected the Medical Century as the periodical in which to publish the papers of the organization, as the one which will give them the most extensive audience. A wise selection on their part. We present some of the papers in this issue.

The Toledo Homœopathic Club met on October 22d, and papers were read by Drs. Barnum, Rees and Walker. This is one of the good homœopathic medical socieites of the country.

Drs. R. H. and Nettie G. Gray have resumed practice at San Antonio, Texas. Their office is at the St. James' Hotel. The doctors both are graduates of the Iowa University Homœopathic College, and were formerly located at Anamosa, Iowa.

The new medical examining board of Texas is composed of eleven physicians—two Homœopaths, two eclectics, one physio-medicist, one osteopath and five allopaths. Texas is, however, a low grade State as far as the medical law is concerned, as no examination in materia medica and therapeutics is recognized by law—and yet the law is presumably for the protection of the people (!).

The Missouri Homœopathic College opened on September 10th. Dr. McElwee, the dean, reported that the college comes up to all the requirements of the State Board of Health. Dr. D. M. Gibson delivered the opening address.

W. H. McCreary, M. D., of Knoxville, Tenn., president of the Southern Homœopathic Medical

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Association, is a member also of the Tennessee Medical Examining Board.

The third booklet of the Valley View Hospital at East Radford, Virginia, has reached our table. It shows the great work inaugurated by Dr. C. E. Fisher in construction hospitals, and a list of 495 cases that have been treated in this one. It is a fine record, and the success of the experiment is attracting widespread interest in engineering periodicals.

Dr. Eugene F. Hoyt, of West 58th street, N. Y., has returned from his trip to Europe and resumed practice.

The "National Organizer," Dr. J. H. McCormack, of Bowling Green, Ky., has been requested to lecture before the profession of Delaware. As Delaware has three separate examining boards, we would advise our brethren in that State to be watchful else it will be reduced to the low grade of Kentucky, where the single board exists with minimim homœopathic representation, and the people protected (!) by no examination in materia medica and therapeutics.

An association of independent doctors has been organized in Chicago; its object is among other things to secure speedy changes in the laws of the several States so as to permit a licentiate to practice medicine in any State of the Union. It is opposed to the "trust," namely, the American Medical Association.

The California Eclectic Medical College, destroyed by the earthquake and fire, is to be established in Los Angeles. Dr. J. A. Munk, of Los Angeles, is the dean. Dr. Munk is also a member of the Eclectic Council on Medical Education.

Another attempt will probably be made to change the medical law in Pennsylvania. It is one of the strong three board States, and the present law is a good one.

In 1896 the Texas State Medical Association passed a resolution declaring that "We will expel any member who will consult with a Homœopath." Two ex-presidents of the above association are now serving on the State examining board with two Homœopaths, two eclectics, one physio-medicist and one osteopath. The president of the board is Dr. M. E. Daniel, a good, square and liberal eclectic, and the vice-president is Dr. T. J. Crowe, of Dallas, a prominent Homœopath. Times have changed in Texas.

The Council on Medical Education of the National Eclectic Association is composed as follows: President, Dr. E. H. Stevenson, Fort Smith, Ark.; Secretary, Dr. W. N. Mundy, Forest, Ohio; Dr. J. A. Munk, Los Angeles; Dr. P. E. Howes, Boston, and Dr. E. B. Shewman, Waymansville, Ind.

Nebraska is a State that will undoubtedly have medical legislation troubles in the near future. The allopaths are not pleased with the present medical law.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D., CINCINNATI, O.

The opening exercises of Pulte College were held October 2d. The doors of the new lecture room were thrown open and it was filled with students, lecturers and friends of the college. The opening address by Prof. R. G. Reed was a splendid effort, and was thoroughly enjoyed by all. Drs. J. D. Buck and W. A. Geohegan also made short addresses that were full of homœopathic enthusiasm.

The college building had been thoroughly cleaned and put in good shape. One of the old lecture rooms on the fourth floor was changed into a male ward, thus adding to the hospital spaces. The hospital is now in good shape and running nicely.

The Montreal X-ray Society met in Cincinnati last month. Many noted physicians from all over the country were present. The exhibit of skiagraphs, machines, coils, etc., was very good.

Among the visitors was Dr. I. N. Palmer, of Newark, O., an old Pulte boy.

The opening meeting of the Cincinnati Homœopathic Lyceum was held at the college Wednesday, October 9th. There was a good attendance. The program of the evening was as follows:

President's Address, Dr. C. C. Meade; Business Side of Medicine, Mr. F. E. Webner; Ocular Defects With Relation to Mental Backwardness in Children, Dr. J. R. McCleary.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. G. H. Pratt, who recently completed a special course in the eye, ear, nose and throat clinics of this city, has located at Terre Haute, Ind. He formerly was practicing in Washington, Iowa.

Dr. Rollin Shwartz has opened an office in Evanston, and will confine his practice to the diseases of the ear, nose and throat.

Dr. Wilbur N. Linn, who recently sold his practice in Oakland, Ill., to Dr. Max Hubeny, has been in Chicago taking special work on the nose and throat.

Dr. J. Arthur Toren, of McCook, Neb., was in the city attending Dr. Pratt's special surgical course. He was one of the assistants to Dr. Pratt.

Dr. W. J. Hemphill, of North Loop, Neb., is in the city taking a post-graduate course at the Chicago Eye, Ear, Nose and Throat College.

Dr. R. C. Lowe has moved his office from Milwaukee to Glen Ellyn, one of Chicago's most beautiful suburbs.

The November number of the Laryngoscope, an old school journal, has an article on The Closure of Perforations of the Nasal Septum, by Dr Burton Haseltine, who has had some remarkable results in this line of work. He is, in fact, one of the pioneers in this. He recently successfully operated on a case in which the perforation was over an inch in diameter.

The Central Illinois Homœopathic Medical Society met at Bloomington, October 29th. The members were entertained by the Country Club, at whose house the meetings were held. In the evening a banquet was served. Several Chicago men were on the program, and the meeting was attended

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by the following men from here: Drs. Shears, Halbert, Blackwood, Haseltine, Chislett, Cushing, Kahlke and Swan. These same men went on the next day to Mattoon, where the Eastern Illinois association was held. Special efforts are being made to have all of these association meetings well attended, and much enthusiasm is being aroused. President Smith and Secretary Haseltine, of the State Society, are working hard to have all of the Homœopaths enrolled in their local societies and in the State society.

The Buffalo Rock Tent Colony, near Ottawa, was formally opened this month, and is now ready for patients. It is the best equipped place of its kind in this country, and is under the care of the Illinois Homœopathic Medical Association.

Dr. W. Otto Bell, who recently completed his service as interne at Cook County Hospital, has located at Seattle, Wash.

Dr. Vance Rawson has opened an office in La Grange, one of Chicago's western suburbs. He still maintains his down town office at 70 State street.

Dr. W. A. Dewey, of Ann Arbor, and Dr. George Royal, of Des Moines, were in the city, October 25th and 26th, attending a joint meeting of the educational councils of the A. M. A., A. I. H. and N. E. M. A.

Dr. G. N. Pratt has removed from the Heyworth building to the Columbus Memorial building, 103 State street.

The first meeting of this year of the Chicago Homœopathic Society was held Thursday, October 17th, in the Northwestern University building. The meeting was well atended and interesting papers were read by Drs. Grubbe, Delamater and Mitchell. The subject for the evening was Autointoxication.

CONFERENCE OF COUNCILS ON MEDICAL EDUCATION.

A meeting of representatives of the Councils on Medical Education of the American Institute of Homœopathy, the National Eclectic Medical Association and the American Medical Association was held in the Auditorium, Hotel Chicago, on October 25th.

There were present Dr. A. D. Bevan, Chairman, and Dr. N. P. Colwell, Secretary of the Council of the A. M. A., both of Chicago. Dr. E. B. Shewman, Waymansville, Ind., Vice-Chairman, and Dr. W. N. Mundy, Forest, Ohio, Secretary of the Council of the N. E. M. A.; Dr. George Royal, Des Moines, Iowa, and Dr. W. A. Dewey, Ann Arbor, Mich., Secretary of the Council of the A. I. H. Among visitors were Dr. Wm. P. Best, of Indianapolis, Secretary of the National Eclectic Medical Association; Drs. Robinson, Shears, Haseltine and Pollock, of Chicago.

Upon motion of Dr. Bevan, Dr. George Royal was appointed chairman of the meeting, and Dr. N. P. Colwell secretary.

Four hours or more were spent in discussing the problems of raising the standard and unifying the requirements of medical education and providing for a schedule for inspection of colleges. Perfect harmony and good feeling prevailed.

After some preliminary remarks by Chairman Royal and Dr. Bevan upon the desirability of united action on the work in hand, Dr. Bevan made a motion that efforts be made throughout the States to secure a commitee in each to co-operate with us and the medical examining boards to unify the standards of entrance examinations and curricula so as to secure proper medical education and higher medical standards. This was carried unanimously.

A letter was read from President Baxter, of the Ohio State Board Medical Examiners, the substance of which was as follows: That the State Board of Examiners, being responsible for medical education in its own State, would not take any action except on first hand information. As the colleges would be annoyed by repeated inspections by different bodies, the board invited representatives from each of the three national councils to join it in making the inspection. The reasons given for this action was not only the foregoing, namely, to avoid frequent examinations, but that the board of medical examiners and the representatives of the different councils would be able to secure their information at the same time and under the same conditions. This action of the Ohio Board met with instant favor on account of its impartiality and fairness, and Dr. Dewey moved, seconded by Dr. Bevan, that the examining boards of all the other States be asked to adopt the same methods. Unanimously carried.

In regard to standards of minimum requirements for college inspection, after careful discussion, Dr. Bevan moved, seconded by Dr. Shewman, that the secretaries of the three Councils on Medical Education be authorized to prepare a schedule to be submitted to the different councils and boards of medical examiners. Unanimously carried.

Dr. Best, secretary of the National Eclectic Medical Association, in a few well chosen remarks suggested that inasmuch as the old school had without question done much for advancement of original research in pathology, bacteriology and allied sciences, the homœopathic school had also done much in the study of drug pathogenesy, and the eclectic school in therapeutic research, that the work of all three schools should be considered in the promotion of general medical interests.

The meeting was then adjourned, and the feeling prevailed that it was a most successful and important gathering for the elevation of medical education in this country.

OBITUARY.

Dr. S. G. Merrill.
Collinsville, Ill., September 8th. Homœopathic Medical College of Missouri, 1867.

Dr. B. F. Drake.
Pasadena, Cal., Cleveland Homœopathic, 1874. September 24, æt. 75.

Dr. W. H. Abercrombie.
Washington, D. C., New York Homœopathic College, 1872, died on September 5, æt. 62.

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Dr. Alfred Rice.

Columbus, Ind., Hahnemann Medical College, Philadelphia, 1880, September 22, æt. 51.

Dr. Rebecca J. Ayres.

Brooklyn, N. Y., September 28, æt. 56. New York Medical College and Hospital for Women, 1894.

Dr. H. H. Hegerty.

Dundee, Ill., September 15, æt. 45. Chicago Homœopathic Medical College, 1901.

Dr. E. G. Morgan.

Ithaca, N. Y., October 3, æt. 52. New York Homœopathic College, 1878.

Dr. Jacob S. Bender.

Carlisle, Pa., October 6, æt. 77. Hahnemann Medical College of Philadelphia, 1862.

Dr. A. W. Coulston.

Philadelphia, October 5, æt. 30. Hahnemann Medical College of Philadelphia, 1902.

Dr. W. I. Roberts.

Wellsburg, W. Va., October 3, æt. 56. Pulte Medical College, 1888.

Dr. J. M. Prilay.

Bangor, Me., October 3, æt. 46. Hahnemann Medical College of Philadelphia, 1885.

The Library.

BOOK REVIEWS.

Essentials of Medical Gynæcology.

By A. F. Stephens, M. D., Professor of Medical Gynæcology in the American College, St. Louis, Mo. 12mo, 428 pp. Fully illustrated. Cloth, 3.00. The Scudder Brothers Co., Publishers, Cincinnati, Ohio.

This work is one that will appeal to the general practitioner, and more so at the present time, as the pendulum seems to begin to swing the other way, and there is less eagerness on the part of the physician to turn the woman over to the surgical gynæcologist. Medical gynæcology is receiving much attention; in our own school there are those who were formerly eager to operate, who are now curing a large number of cases by internal medication. The eclectic materia medica is a rich mine for those who would practice medical gynæcology. Its remedies are well tried upon exact conditions with results that may always be foretold. We of our own school can learn much of the action of our remedies by a careful study of Professor Stephens's work. While in many instances we would probably not agree in dosage, yet the striking similarity of indications for the remedies shows that both these schools of medicine represent true therapeutic progress. We owe much to the eclectics, and we believe there are few of them but would acknowledge some debt to the homœopathic school. We can heartily commend the book.

Hering's Homœopathischer Hausarzt.

21st edition, rearranged and revised, by Dr. Richard Haehl, of Stuttgart.

Dr. Haehl has done a noble work for Homœopathy in Germany by keeping this excellent work alive for the German public. The notable increase in converts to Homœopathy in Germany among the laity is well shown in the fact that 3,000 copies of Hering-Haehl's Domestic Practice have been sold in less than three years. Dr. Haehl has revised and enlarged the edition and it is presented in a creditable way. The dissemination of domestic works is a good missionary movement, and one that should be taken up in all countries. We congratulate the doctor on his great success.

Transactions of the Homœopathic Medical Society of Ohio, 1907.

With commendable celerity Dr. H. F. Staples, the energetic secretary of this society, has issued this valuable volume. It is full of good papers and all are readable; the reports of the Legislative Committee, the State Board of Examiners and the Committee on Education should be read by all. They are very valuable documents and show that our brethren in Ohio are alert and ready for action.

NEW MEMBERS.

October 11, 1907.

Editor of the Medical Century.

My Dear Mr. Editor:

Will you again call the attention of your readers to that most important of all subjects, to the homœopathic physician, the American Institute of Homœopathy? I am chairman of the committee on new members for 1908, and I am commissioned and expected to bring in the largest number of new members that has ever been brought into the Institute in any one year. In order to do this, I must have the help and co-operation of the entire profession.

May I not appeal to the profession in this way through your columns for every physician who is now a member of the American Institute to bring in at least one new member in 1908; and will not those of your readers who are not members of the Institute send to me for application blank, fill it up and mail to me with the necessary first year's dues of five dollars, at once that they may be on time for the Institute, which meets in Oklahoma City in June?

I wish I could speak at this time in a voice loud enough so that every one of the twenty-five hundred members of the American Institute could hear and be convinced that it is his duty to the profession to bring in new members. I wish I could speak still louder so that I might be heard by that larger number, (over eight thousand), physicians in the United States not members of the American Institute of Homœopathy, but who surely would be if they fully understood what is for their best personal good in this matter.

I am waiting and anxious to send application blanks to any one who wants them.

Willard S. Paul,
Chairman Committee on New Members.

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Medical Century

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Pediatrics.

SOME OF THE RECENT IDEAS IN INFANT FEEDING.*

BY JOSEPH PETTEE COBB, M. D., SENIOR PROFESSOR OF PÆDIATRICS, HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The subject of nutrition in infancy is generally recognized as the most important question in the whole field of pædiatrics.

The theory that the proper food for an infant is its mother's milk is still held by all pædiatricians, and will continue to be advocated.

But there are mothers who are unable to furnish any milk for their offspring, others who can only partially supply the demand, others who furnish a very inferior quality of milk, and still others whose milk seems to be of a good quality and yet it does not suit their own particular child.

Again there are babies who have no mother to nurse, or one whose health precludes the advisability of such intimate association.

The wet nurse is not always available or advisable, and in spite of our opposition to the feeding of infants in any other way than at the mother's breast, we must continue to prepare artificial foods.

There has been in recent years more investigation and experimentation in the preparation of foods for infants than in any other line of our work.

Children are just as much entitled to be well fed as they are to be well born. The infant who has started life with the handicap of a vitiated inheritance is even more dependent upon a proper food than the well born baby, and is, of course, the infant who is most likely to be side-tracked from its mother's breast.

A continually increasing number of infants in our cities will thrive or languish in accordance with the amount of study, thought and judgment that is exercised by the family physician on this question of nutrition during the early months.

The opposition of pædiatricians to dessicated food compounds, proprietary starch preparations, all kinds of cooked cereals, condensed saccharated mixtures and beef extracts is not new. New and renewed efforts are, however, being put forth by them to induce the profession to study the subject, to exhibit the same interest which they give to other vital questions and to assist in relegating them to the rank of undesirable foods.

In the main the advice of Rotch to imitate nature as closely as possible has been the guide in all of our recent work.

From time immemorial it has been customary to add lime water to cow's milk for infants in order to neutralize the acidity of cow's milk, and thus to prevent too rapid and solid curdling of the casein in the infant's stomach.

Comparative analyses of milk shows that cow's milk already contains more lime salts than human milk, part of which is in compound with the caseinogen; if the caseinogen is decalcified curdling even with rennet is prevented.

Prof. Wright, of Netley, stated that this decalcification could be accomplished by the use of Citrate of sodium. In 1903 this suggestion was made use of by Poynton, of London, and has been followed by others since then.

The use of Citrate of sodium, a normal ingredient of human milk, in small amounts, partially decalcifies the caseinogen, renders the process of curdling slower and makes the curd of cow's milk softer, finer and more like that of human milk. It has been my habit to modify the cow's milk to approximate as closely as possible the standard of human milk, and then to add the Citrate of sodium to the bottle shortly before feeding. One grain of the salt to the ounce of milk (not to the ounce of mixture) slows the process of curdling sufficiently for the usual infant; a larger amount up to two grains per ounce can be used. The salt should be reduced gradually in order to educate the child's stomach to digest the milk unaided by the time it is six months old.

In one child only have I noticed any counter-indication to its use. The baby was six weeks old, had tried fourteen different foods, and weighed less than when it was born. After using the sodium for about one week, one grain to the ounce of milk, a nephritic irritation with complete suppression of the urine and general œdema occurred. I am not sure that it was due to the sodium, but it all disappeared in three days with the aid of Apis, after the sodium was discontinued.

A study of the stools tells the effect of the salt; when a sufficient amount is being used there are no casein curds present; a reappearance of the curds when the salt is being diminished is a sign to stop

*Read at the annual meeting of the Southern Homœopathic Medical Association, October 28, 1907.

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the lessening of the proportion of the salt or to increase it again.

A fad, which has had a passing notice, and especially by those who "wipe off the slate" all tried methods when something new is heralded, is the feeding infants of skimmed milk or, as they resonantly call it, "fat-free milk." This has never appealed to me, and I am informed is not being used or discussed much of late. And why should it? Human milk contains as much fat as cow's milk; if we are trying to copy nature there is no reason for taking out of cow's milk what nature has put into human milk.

Moreover, the effect of lowering the fat proportion in an infant's food produces dire results, which are well known.

In the same way we hear very little now of "caloric feeding" in infancy. It is essential that an infant's food as that of an adult's, should, in the process of digestion, develop a certain definite amount of energy, but it is equally as essential that the food should develop histogenetic results; it must be nutritious in every sense.

We can not improve on the relative proportions of proteids, carbohydrates and hydrocarbons found in human milk.

Another method of changing the caseinogen of cow's milk to render it easier of digestion is the lactic acid fermentation process taking place in buttermilk.

Buttermilk, sour milk, matzoon, koumyss, etc., are all recognized as good foods for adults and easy of digestion. In common they have one property, viz., that lactic acid has been developed from the lactose in the milk, or from that which has been added to the milk. Lactic acid in small amounts coagulates the casein slowly, making a soft curd, which is easy of digestion; it is in reality identical with the first step of digestion in the normal infant or adult stomach. Moreover, the lactic acid has a distinct germicidal power which is of value in destroying the bacteria, which otherwise might become potent factors in producing auto-intoxication. Buttermilk resists infection better than sweet milk, and can be kept as a safe article of food much longer than sweet milk. This is especially true where the convenience of the ice box is unobtainable, and when the conditions favoring bacterial growth can not be controlled.

Buttermilk as ordinarily obtained, however, lacks an important requisite for a perfect infant food in that it has been almost entirely robbed of its fat.

Parke, Davis & Co. have isolated a pure strain of the lactic acid bacillus, which they have put up in tablet form and labelled "Lactone Tablets" With these tablets buttermilk can be made from whole milk or from milk modified to any desired proportion.

I find this process very useful; infants like the milk, in fact, are greedy for it; the milk can be kept two or three days without change if kept on ice, the curd is soft and flocculent; very few curds appear in the stool; intestinal catarrh is quickly relieved. The stools, however, are often periodically green, but seemingly without the usual discomfort and disturbance ordinarily accompanying green stools.

It would seem that this method of preparing milk both for the early months of infancy and for children suffering with any disease of the gastro-intestinal tract would be very serviceable.

Of late more attention is being given to the fact that within certain limits it lies within our power to modify mother's milk by changing her habits and by changing her diet. In several instances it has been my good fortune to succeed in this respect where weaning had been advised and where it really seemed imperative.

For this purpose I would advise a careful study of the condensed rules given by Holt and copied into most books dealing with children.

Certainly an effort should be made in this direction even though temporarily it may be necessary to put the infant on another food.

One more suggestion is all that I have to offer, viz., that we should not forget that it often lies within our power to modify the baby with our carefully selected remedy.

We can help to bring him up to the task of digesting a proper food when his digestive powers are below normal. We can help him in attaining the capability of digesting a food that overtaxes the normal digestive capacity.

A baby's nutrition should always be considered with reference to his future as well as to his present prospects. His food must be nutritious as well as easy of digestion. He must be prepared gradually for future tasks as well as for present necessities. We have no right to discount his future for present ease and comfort.

Surgery.

INDICATIONS FOR ORIFICIAL SURGERY.

BY S. W. STAADS, M. D., SIOUX CITY, IOWA.

The necessity for an operation always forms the indication. Our duty as physicians is to cure the sick and afflicted If we can do that by internal medication, by the application of milder means than surgery, it will certainly be appreciated by the patient. It would, therefore, also seem to be the duty of the orificial surgeon to try or have some other physician try to establish a cure by non-surgical means. But if that fails, only then should we subject our patients to the ordeal of an anæsthetic and operative procedure. Of course, if we see, a priori, that only orificial surgery will produce the result necessary, then it would be unfair to waste time with uncertain methods.

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At the bottom of nearly all diseases we will detect lack of proper circulation. To re-establish a brisk

flow of blood through the system is the aim of nearly all curative methods and from my own experience I can say that hardly any other remedy will do this as certainly and lastingly as orificial surgery. To be sure, orificial surgery is not a panacea for all ailments to which human flesh is heir, and this great remedy must often be followed or preceded by other means in order to cure our cases. But the experience of all orificial surgeons will bear me out when I say orificial surgery is one of the greatest, if not the greatest, boon to suffering mankind that we have at our disposal.

Let us now mention some diseases which can often be cured and always be alleviated by orificial methods as far as their cause can be traced to imapired nerve function, for this latter is the only internal cause for improper circulation.

Mental aberration, and other nerve diseases often yield to orificial procedures, and so will headaches as well as catarrhal conditions of the nose and throat, even eye sight and hearing will be benefited. Proper breathing and circulation are the best preventives as well as curatives in cases of lung troubles, and can and will be brought about by orificial work. Is it possible to have any kind of stomach disease if it is properly supplied with a healthy current of good blood? I think not. Let orificial surgery, therefore, give our patients a healthy stomach, which alone will make many of them happy and well. The same applies to the intestinal and the urinary tract. Even an enlarged and diseased liver will be materially benefited, if not cured by orificial means.

Gynæcology is to a great extent absorbed by orificial practice, and has learned many things from it. While it is true that orificial surgery is especially indicated in reflex troubles of vasomotor origin, at the same time our science and practice is in licated in many so-called local diseases of women. Leucorrhœa and kindred uterine affections as well as functional and some organic ovarian disorders, are amenable to orificial interference like dilating the inner os uteri, curetting and packing of the organ, aside from painstaking trachellorrhaphy.

Rectal diseases are the home of orificial surgery, both for local pathology and the multitudes of reflex symptoms from this source. The enemies of orificial thought and ignorant imposters with a few honest but mistaken anatomists may consider pockets and papillæ normal anatomy, but we know that they constitute pathology. We base our claim on the fact that the mentioned conditions are found in only a small percentage of the human family, and as we have seen in our experience so often that their removal is a means of re-establishing health.

Skin and bone diseases often yield to the wonderful, unaided influence of our art, for we re-establish a good circulation and we all have seen cold hands and cold feet warm up almost immediately after orificial surgery.

Let us, therefore, stand up for such a potent friend and spread this good message to suffering humanity through our brother physicians, and for ourselves, let us practice this art with devotion and enthusiasm and success will ever remain ours.

Diagnosis.

URINALYSIS.

BY S. H. BLODGETT, M. D., BOSTON, MASS.

The subject of urinalysis has developed so rapidly within the past few years that to make a complete urinalysis requires not only the outfit of an extensive laboratory, but many of the tests which are now used are so delicate that unless the person making the tests is in constant practice, his technique is faulty and the result of the test is valueless. It is for this reason that many of the larger life insurance companies are installing what is popularly called the pipe line; by this arrangement the analysis by the examining physician of the urine from the application for life insurance is dispensed with and the sample of the urine is sent directly to the home office and there examined in a laboratory. I suppose this is also the reason why many of our busy practitioners have the urines from their cases sent directly to the laboratory instead of trying to make the examinations themselves.

There are, however, some of the simpler tests which can be done by any physician in his office, and from which he can draw valuable information, and it is my purpose to-day to show some of the simplest of these clinical tests, and to speak very briefly on the deductions to be drawn from the result of the urinalysis.

I shall speak first on some original work which I have done at the Massachusetts Homœopathic Hospital and in my consultation practice, and before going on with the subject, I want to express my appreciation for the assistance of Dr. A. A. Starbuck, who was my assistant in the laboratory for two years, and who has just received the appointment of pathologist at the Wesson Memorial Hospital, of Springfield, Mass.

Less than two years ago, entirely by accident, we found acetone and diacetic acid present in the urine where there was no sugar. This case was vomiting very persistently; the physician in attendance could find no reason for it, and thinking there might be some kidney complication, he asked me to see the case with him. The examination of the urine showed nothing inconsistent with the patient's lowered metabolism from the vomiting, except that acetone and diacetic acid were found in large quantities. As I had used the bicarbonate of soda in cases where acetone and diacetic acid were present in the urine of glycosuria, I suggested to the physician that the patient be given 15 grains of bicarbonate of soda a day, and we were surprised and pleased to find the vomiting promptly relieved.

Soon another similar case appeared, and the vomiting was again promptly relieved by the administration of bicarbonate of soda. Since that time we have examined the urine of all cases of vomiting for acetone and diacetic acid, and in those cases where they have been found present, the vomiting has

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been relieved very quickly by the bicarbonate of soda treatment.

Up to the present time I have a record of over fifty cases of this particular form of autointoxication, and all of them have been promptly relieved with the exception of one. In this case the physician increased the dose of bicarbonate of soda until he was giving 60 grams a day, but there was absolutely no result, as far as the vomiting was concerned.

We have found this toxæmia most likely to occur in cases after operation on the stomach or intestines, and also especially likely to occur during pregnancy, and the theory that the acetone and diacetic acid were present because of a diet too restricted in carbohydrates is not borne out by experience. as I have seen several cases where the patient had been getting an almost entirely carbohydrate diet; but acetone and diacetic acid with the accompanying vomiting were present.

In order to satisfy ourselves that it was the bicarbonate of soda treatment which helped the vomiting in several of the cases after the vomiting has ceased, but before the acetone and diacetic acid have disappeared from the urine, we have taken away the alkali from the patient, with the result in two of the cases that the vomiting has returned only to be promptly relieved by a renewal and continuance of the treatment until the acetone and diacetic acid have disappeared from the urine.

It is not in the province of this paper to go into the subject of this new autointoxication deeply, but what I wish to impress upon you is, in every case of persistent vomiting examine the urine for acetone and diacetic acid, and where they are found present in the urine without sugar, you will find the vomiting will cease after the bicarbonate of soda treatment. The time allotted me here is so short that I cannot speak more fully on this subject, but will refer anyone who wishes to pursue it further, to an article in the North American Journal of Homœopathy of last May, where you will find I have gone more fully into the subject and reported cases.

Another phase of the same subject which I will touch on briefly here is the fact that in my opinion convulsions during pregnancy occur in some cases where acetone and diacetic acid are present in the urine without sugar, and where otherwise we get no indication from the urine that convulsions are likely to occur; but in making this statement I wish to qualify it by saying that at present I have not sufficient data to state this with absolute certainty, although there have been several such cases, and I have several more under observation. You all know that the larger proportion of puerperal convulsions can be foreseen and oftentimes prevented by a proper examination of the urine , and I think, although, as I have said above, my data are not sufficient to allow me to state it as an absolute fact, that in the cases where convulsions occur but the common urinary examination has shown no intimation that they were likely to occur, we shall find that acetone and diacetic acid were present, and it is due to this toxine, hitherto unrecognized, that the convulsions occur.

Another condition where the tests for acetone and diacetic acid will give you valuable information in regard to your treatment, is in cases of glycosuria. Here the presence or absence of acetone and diacetic acid make the greatest difference to you in regard to the diet which you allow your patient and also in regard to treatment and to your prognosis.

Where acetone and diacetic acid both appear you must use some alkali, and you cannot give nearly as restricted a diet as you otherwise might wish to give. This particular subject, namely, the diet in cases of glycosuria, has been most interesting to me during my three years as specialist in renal diseases at the Massachusetts Homœopathic Hospital, and also during six years as head of the urinary laboratory. I have been very fortunate in being able to experiment with the diet in my cases of glycosuria and watch the results, as told by the daily laboratory examinations. As far as diet is concerned, I am every day more and more convinced that the proper treatment of each case of glycosuria must be regulated by the laboratory findings, and that a quantitative sugar test which can be easily performed by the attending physician, is extremely necessary for the proper treatment of the case.

It is by the quantitative results that you will be enabled to give your patient definite amounts of starchy food, to decide whether in a certain case of glycosuria the patient can undergo a certain operation with the prospect of recovery and perfect healing, and also to decide whether a case is operable or not, without putting your patient to the discomfort of perhaps traveling several hundred miles to a hospital, only to be sent home again later as an inoperable case. Contrary to the popular notion, a large proportion of cases of glycosuria are operable, provided they go through a suitable preliminary treatment. Only recently Dr. W. F. Wesselhœft has performed an amputation of the upper leg, in a case having sugar in the urine, and the after result has been perfect, the wound is now entirely healed and the patient is in good condition.

Of course it is unnecessary for me to enlarge on the usefulness of a simple and easy test for albumin. It is by this means that you can tell after scarlet fever whether the kidneys are becoming dangerously affected; whether, if you find a patient in coma, it is due to the cessation of kidney action or to trouble somewhere else in the system; whether, in your cases of subacute glomerular nephritis, you are having an exacerbation, and also whether your treatment of the exacerbation is producing satisfactory results.

An easy clinical test for chlorine will help you many times (not always by any means) to determine when resolution is beginning to take place in pneumonia, before the physical signs will tell you of it. It is also of value in cases of acute nephritis and where there is œdema from other causes, to tell you what effect your treatment is having.

The quantitative test for urea, the bromine test, while not a simple test, is still the best test which we have, and although the reagents are somewhat difficult to have prepared the knowledge that you gain from quantitating the urea is very great in

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some cases, and I want to say in this connection that in considering the excretion of urea in any particular case, I now take account of the amount of nitrogen which has been taken into the system. As you can easily see that a patient eliminating 10 grams of urea in twenty-four hours, who is on a very light carbohydrate diet, would be in no danger from urea retention, while a person on a normal diet and only eliminating 10 grams, would be in great danger.

With these few necessarily brief remarks I will proceed to present the tests used.

Tests for Acetone and Diacetic Acid.

The tests for acetone and diacetic acid are extremely simple, the chemicals used are perfectly stable and can be kept indefinitely.

The chemicals required for the acetone test are acetic acid, a little sodium nitro-prussate and ammonia; the chemicals for the diacetic acid test is terchloride of iron.

The tests are performed as follows: A few drams of urine are placed in a glass (a test tube or a tumbler will do perfectly well), from 5 to 20 drops of acetic acid are aded, a few drops of a moderately strong solution in water of the sodium nitro-prussate, and a dram or two of ammonia.

If acetone is present, the solution will slowly show a pink color, and if there is a large amount present will even go on increasing in color until it becomes a very deep garnet red. The only precaution to use in doing this test is not to add to much of the sodium nitro-prussate solution as to color the urine; if this is done it may appear that there is a very slight trace of acetone, when as a matter of fact there is none.

The diacetic acid test is performed as follows: To a little urine in a glass receptacle (preferably a test tube), a few drops of a strong solution in water of terchloride of iron is added drop by drop; if this causes a white precipitate (phosphates), this is filtered, and to the filtrate more of the terchloride of iron is added; if then there is a terra cotta color, in all probability diacetic acid is present. This latter test for diacetic acid is only clinical and is not an absolute proof that diacetic acid is present.

Neurology.

NEURASTHENIA AND ITS PREVENTION AND CURE FROM AN ORIFICIAL STANDPOINT.

BY G. R. HERKIMER, M. D., DOWAGIAC, MICH.

The subject I have chosen is one that has been written upon and discussed so thoroughly that it seems almost impossible to say a word or express an idea that has not been thrashed over to the limit. But an unruly child is one who needs correction in one way or another at most any time; so it is with the subject neurasthenia, for it seems to be one of the most prevailing difficulties that the physician has to contend with, as I believe that 75 per cent. of all the functions which calls for brain help, and that these nerve cells have lost their inherent functions, viz.: The creation and distribution of its impulses and the trophic power and inhibitory regulation; but so long as these physiological principles are not disturbed we have normal nerve action.

When they are perverted we notice an interruption of the nerve impulse, next to a loss of trophism, which causes exhaustion, and last of all, the infringement of inhibitory control, and this furnishes the symptoms for neurasthenia.

This may all be true, but the question is, what are the causes, and is there any prevention to these conditions?

The high tension that children are reared under when they are subjects for orificial surgery, is proof enough that many cases of neurasthenia commence in infanthood.

Does not the sympathetic commence its full function at birth, and the cerebro-spinal by degrees, and increases entirely through development and education? The sympathetic continues all through life, and controls the cerebro-spinal system, by regulating through the vital organs, the supply of nourishment to its fibrous tracts and motor cells, keeping them in a condition to perform their normal function.

Therefore, without a healthy, unimpinged sympathetic nerve, we cannot have a child with normal heart action, normal breathing, normal digestive organs nor normal secretory or excretory organs; thus the brain and spinal cord could not be nourished properly, and would, therefore, be in no condition to perform their normal functions.

An individual starting out in life with this handicap, would surely be a most plausible subject, when the duties and desires and the environments of this life are brought upon them, to fall a victim to neurasthenia.

All books and writers class neurasthenia as a disease of the brain and spinal cord, most of them claiming the cord as the location; this may be a fact, but I think the sympathetic nervous system has more to do with neurasthenia than the cerebro-spinal system.

I reached my conclusion of this from the fact that you can trace the most cases of neurasthenia, and can find they have an irritated or an impinged branch of the sympathetic nerve, such as laceration of the cervix and peritoneum, irritation of the clitoris and its hood, as well as all other irritations of the external genital organs of both sex. Ir we may trace an impingement or irritation to some of the many rectal diseases, or to many of the diseases which are located within the pelvic or abdominal cavities, such as tumors of the various kinds, all inflammations, especially of the pelvic organs, where adhesions may have remained after the acute inflammation subsided. Therefore, I feel that the conditions for the development of neurasthenia as well as many other chronic diseases common far earlier in life than the majority think for; and we should commence as soon as the infant is born for their prevention, not only from an orificial standpoint, but as well along all other lines

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human race is or has been tormented with this most annoying perversion of health in one way or another.

As my subject indicates I must treat this malady from a little different standpoint than the subject is generally considered, so will speak briefly of the sympathetic nerve and its relation to the human organism. This nerve with all of its branches spreading out over and controlling every vital organ in our body, has its origin in the ganglion of ribes and terminating in the lower orifices, it controls their action, never tiring, ever keeping a watch over us even in our sleeping hours; seeing that the heart is regular in its rhythms, controlling the entire blood supply of the system, even to the minutest capillaries, and superintending the changes that take place in the tissues, as the blood passes through them; controlling the globules of blood as they carry oxygen to every part of our bodies, to rebuild them and recarry the carbonic acid and other poisonous products back to the skin and lungs to be expelled. It looks after the secretion of all the glands in the body, controlling the kidneys and intestinal canal in their work of eliminating from the system the poisonous material.

Its fibers are connected with those of the cerebro-spinal system, thereby giving it control over every part of our organism, either directly or by reflex.

The most writers, and especially the older ones, claim that the subject before discussion is one of an exhausted condition of the cerebro spinal system, most of them claiming that the location is somewhere within the spine, claiming that the exhaustion of the spinal nerve cells is the first existing symptom in this disease; that it is the overworking of spinal that will prevent disease and to develop a stronger race of people physically, mentally and spiritually.

I believe that neurasthenia is a secondary and not a primary condition, that it is more of a symptom than a disease, for there cannot be found any definite pathological symptoms, and autopsies on the few cases claim to have died from nervous exhaustion have given absolutely negative evidence.

An impinged sympathetic nerve neglected in childhood keeps the child in high nervous tension, and if allowed to remain to grow up under these conditions, are they prepared or do they have the foundation to stand the strain to which each individual is subject to?

Is there not proof in each physician's experience to convince him there are many children who have all the necessary care and attention that money can afford them and still they grow up nervous, poorly nourished, and finally develop neurasthenia.

So there must be something back of the ascribed causes of neurasthenia, such as overwork, physical or mental worry, anxiety, sexual excesses, living under unnatural sexual conditions, etc.

Allowing me, I will present to you a case or so to substantiate the position I have taken.

Mr. M., age 72, occupation moulder. At the age of 62 came to my office with the following symptoms: Very weak and exhausted; as he stated, it felt as though he was going to fall all to pieces, as if he did not have the strength to even raise his hand. Headache dull in character, more in the occipital region, vertigo aggravated by motion, ringing in the ears and tenderness of the scalp, with a general tired feeling. I noticed there was a drawn expression to his face, but the eyes were very expressive and seemed to show me that there was plenty of energy and vitality in the man's system if it were only liberated. His voice was feminine and his beard was very limited. I then asked him if there was any trouble with the foreskin, and he said there was not. I insisted there was something which caused his condition that I could not tell without making an examination; finally persuaded him to allow me to examine, and found a very bad case of phimosis, saying to him the cause of your trouble is here, and you should be circumcised.

He was very much surprised, and said he had always been that way, and supposed all other men were the same, and that he had never been able to retract the foreskin, which had gradually contracted more and more, until it required a half hour to urinate, the stream being no larger than a pin. He would not submit to circumcision, but did allow me to slit the prepuce, and without any medication or change of occupation he began to improve, and is now a healthy, vigorous man.

Other doctors had at times told him that he had typhoid malaria, and some that it was prostration; but they could not account for the variation of his symptoms, and all that seemed to give him relief was tonics and rest, after which he would resume work for another six months or a year when another attack would come on.

Since the slight operation he has had no recurrence, and has followed hard labor for the past ten years, and is now recovering from a broken limb, and has stood the shock exceedingly well.

The next case I will present is a case of cerebro-spinal meningitis, to show that a disease which has its location wholly within the cerebrum and spinal cord, was entirely under the control of the sympathetic nerve, and did not recover until the impinged terminals of that nerve were relieved by orificial surgery.

Leo M., taken sick March 29, 1900.

Given treatment by Dr. E. for rheumatic grippe two days previous to my being called. Age 9, and at the age of 3 was taken with a severe chill followed by a rising of temperature to 105°, with the extreme prostration, severe pain in the back of the head, stiffness of the neck, delirium, stupor and coma.

Deafness which has partially remained, had jerking and twitching of the eyes with symptoms of spasms. Skin was dry with petechial rash over entire body, lips and mouth were very sore.

My first call was March 31st, all the acute symptoms had subsided by April the 10th, but he continued to waste away and grow weaker, and could not sleep day or night.

I prescribe the remedies that seemed to be indicated, including tissue remedies, but with no improvement.

Suggested orificial work, but it was objected to, as they could not see or could any of their neighbors what effect that would have on a brain and spinal

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disease; but after fourteen days of trying everything with no avail, and the child simply sleeping for a few minutes at a time, and that after becoming exhausted, they submitted to circumcision and other orificial work, with the happy results of the child sleeping the entire night after the operation, and commenced to improve, and did so until it had completely recovered without the aid of any other treatment, and in two weeks after the operation he began to take his second lessons in walking; he has continued to be a healthy child ever since.

The operation was April 24th, and my last visit was April 28th, previous to that I had been in every day.

I believe "that upon the integrity of the sympathetic nerve depends the tonicity and nutrition of the entire body, even of the cerebro-spinal system itself. And that the cause of a disease passing into a chronic condition, is a lowering of vitality and insufficient reactive power, a poor circulation, or what is the same thing. a waste of sympathetic nerve force."

It seems to me that the two cases which I have related, show plainly that even the cerebro-spinal system is under the controlling influence of the sympathetic nerve and its terminal branches, and that without an unimpinged sympathetic nerve the cerebro-spinal system itself is unable to perform its natural function. Therfore, I should liken the sympathetic nervous system to a balance wheel, which should always be true or some part of our organism will not be performing their normal duty, either from a functional or an organic standpoint.

Allowing this to be true, can we not trace many cases of neurasthenia back to the neglected sympathetic nervous system? A neurasthenic is a patient who has become physically, mentally and spiritually exhausted, by overwork along either one of the lines. They have been born with hereditaries and receive such environments that will invite them to pursue certain courses, in their life which is an entirely wrong pursuit for them to engage in; and with a lack of education and of will power to change their vocation they plod along through discouragement until they become subject to nervous exhanstion.

On the other hand, there are a class of people who are born under quite a different hereditary condition, and the environments are such as direct them in quite a different course, theirs being along a commercial or mental highway.

These two if followed to the end of the road illustrate the two sides of our human race. On the one side is the man who is endeavoring by putting forth all the muscular energy in him, stimulated by the nerve force back of it, joined with it all of his will power and minimum amount of mental faculty, he plods on day after day, stimulated by the duty of himself to his family, and with the desire to lay away a little amount for himself and those who depend upon him in old age, he finally succumbs to partial or complete nuerasthenia.

The other man is the one who has the dollar as his high mark in life, regardless of the duty to his fellowmen or himself, with a soul as hard as a rock and as dark as a dungeon, he with his unbalanced mental and nervous system takes a more selfish view of life, and proceeds to make a financial swine of himself, and as he exerts all of his mental faculties backed up with his will power and using a very small amount of physical energy, he obtains more and more wealth, until he is at the head of the class with which he has been pursuing life's journey; he imagines he owns the entire world; but by close reflection he is brought to his senses, and realizes he only has control of money, which is not true wealth; but with all of his past environments it seems impossible for him to change his courses, so he gives a few dollars to some charitable institution to ease his conscience, then the greed and the selfishness of his unbalanced nature criticise him for letting loose of some of his ill begotten wealth, and he at once begins to use his mental faculties to see how he can replace that which he donated in the light of a philanthropist without being too strongly criticised by his fellowmen.

The man of this type becomes a partial or a complete neurasthenic through the greed of wealth.

These two roads lead to the extreme, the one to the pauper and the other to the multi-millionaire, and would they have either obtained these extremes, had the balance wheel or sympathetic system been in a healthy condition and therefore assisted in relieving or removing selfishness from their make-up.

The one man working for a more worthy end, that of obtaining the necessities of life for himself and family, and if he does not succeed he becomes discouraged and uses his unbalanced mental faculty and will power to secure the greatest success in that direction.

If success is not his lot then a worried mind is the cause of sleepless nights and troubled days, because he cannot accomplish that which he feels his duty.

The man who has the dollar as his ideal of life, becomes discouraged when he finds it impossible for him to get a monopoly on everything, and they have on most all things, with the exception of air and light, and I am not sure but they will try to get a trust on air if the air ship should prove a success.

The brain is the judge, the spinal cord the avenue to which we reach the judge, and the sympathetic system with its branches holds the key to the controlling functions of our very existence; cannot the judge be influenced by different environments, even at the risk of being severely criticised by the public, which is the governing wheel. The public must be right or the judge will not attend to his duty in a creditable manner.

So it is with the sympathetic which is the balance wheel of our system, it must be in a healthy condition, for it is the one part of our anatomy that never sleeps from birth till death.

Neither does it let any of our vital organs swagger by the wayside, but continually has control over them from morning till night, and from night till morning, from year to year; through sorrow and joy, encouragement and discouragement, health and sickness, it keeps on its mission of criticising the workings of the different organs, and through them

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the brain and spinal cord is nourished and kept in a healthy condition, thereby affording us a healthier brain, which will be a more competent judge, and will impregnate us with a will power to carry into effect conditions that will keep us from that most dreaded disease, neurasthenia.

As to treatment, either preventive or curative, I think the one essential is that of rest, but the mere sleeping of eight hours in the twenty-four, or the changing of one occupation to another, or the moving from one place to another, or an outing at the sea shore, does not constitute rest in the full sense of the word.

To rest there should be no irritation or impingement of the sympathetic nerve.

Children should be educated to control their tempers and taught the fundamental principles of a true life, thereby teaching them, that selshness, a willful disposition and the continually borrowing of trouble will instill in their very make-up a discontented and irritable, being with the inability of accepting rest though it were offered them through the many sources which we call rest.

A man might change climate, travel or do whatever he pleased, his mind is continually with him, and without proper education and a well balanced physical, mental and spiriual being he would be incapable of standing the conditions, which each individual is asked to pass through during life's activities.

As to the curative methods, I would suggest rest in the full sense of the word, education or suggestive treatment, proper nourishment massage and electricity combined with the carefully selected homœopathic remedies.

Materia Medica.

MATERIA MEDICA STUDIES.

BY A. LEIGHT MONROE, M. D., MIAMI, FLA.

THE CARBONS—CARBO VEGETABILIS.

Venous Stasis.—Sulphur, Sepia, Calcarea carbonica, Lycopodium, snake poisons and animal nosodes.

Alimentary Tract.—Sulphur, Lycopodium, Arsenicum and China.

Hæmorrhages.—Secale, China, Arsenicum, Hamamelis.

Respiratory Oragns.—Phosphorus, Lycopodium, Iodium, Stannum, Causticum, Kali carbonicum.

Cholera and Collapse.—Veratrum album, Cuprum, Arsenicum, Camphor.

Septic States.—Arsenicum, Lachesis.

Glands.—Carbo animalis, Calcarea phosphorica, Sulphur, the Mercuries, the Iodides, the Aurums and Phytolacca.

Carbo vegetabilis, the charcoal made from beech wood, contains some Kali carbonicum.

Carbo animalis, the bone charcoal, contains Calcarea phosphorica. The former is our most useful carbon, and the latter is very similar, pathologically and chemically, the principal difference in the use of the two seeming to rest upon the preference of the animal charcoal in diseases of the glands, a difference that might be attributed to the presence of the phosphate of lime.

The pathological study of both presents a picture of prostration, which is extreme, relaxation, venous hyperæmia amounting almost to stasis, and associated a septic and deteriorated state of all of the tissues, and the presence of an excess of carbonic acid in the blood, showing deficient aeration.

The mucous membranes are subject to a low form of catarrh, distinguished by the presence of profuse, offensive debilitating and excoriating secretions, which ferment and emit foul gases.

Their similarity, therefore, is easily apparent to the drugs that exhibit marked venous hyperæmia on the one hand, and those as well which produce marked symptoms of septicæmia on the other.

Both carbons act markedly upon the glands, producing indurated enlargements; this is especially true of Carbo animalis, as will appear in the proper place. Carbo vegetabilis is useful in passive hæmorrhages, and black bleeding.

Hæmorrhoids.—It is also useful in throat, lung and eye diseases, especially in the aged. Its peculiar septic catarrh makes it useful in certain flatulent dyspepsias. So much for the general action of the carbons.

Carbo vegetabilis.

Carbo vegetabilis.—The general action of this drug is given under "The Carbons," and it is only necessary to particularize more closely with regard to the especial disease indications.

Venous Stasis.—The vascular symptoms of Carbo vegetabilis bring it into close relation with Sulphur, Sepia, Calcarea carbonica, Lycopodium, Lachesis, Secale and Ustilago, as sufficiently set forth under Sulphur.

Under Carbo vegetabilis the venous hyperæmia, so all important and ever-present, is so extreme as to involve the whole venous system, the small, the large and the largest veins; the deteriorated blood flows so sluggishly through these relaxed vessels that we find almost a blood stasis present, associated with this is a weak pulse and greater prostration than under any of the drugs mentioned making it particularly suited to the disease of the aged and infirm, and to the treatment of those who have been exhausted by protracted or debilitating diseases.

This almost static condition is very much in evidence by the full, prominent, blue cutaneous veins, by the dyspnœa, by the black, swollen hæmorrhoids, and often by varicose veins upon the lower limbs; often, too, these veins are studded with dark phagadenic ulcers, which are superficial and spreading and secrete an offensive ichor.

Alimentary Tract.—The principal indication for the drug in diseases of the primæ viæ is the presence of a low form of catarrh, with a profuse, offensive, excoriating secretion. This secretion seems to be-

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come so easily decomposed that it is constantly giving forth foul gases, which constantly distend the stomach and bowels, and are often expelled involuntarily. One can hang a hook upon the memory here, by recalling the fact that vegetable charcoal is a well known disinfectant and deodorizer, and is used in filters to purify the water, which passes through them. It is also used for the same purpose in vessels which receive the alvine discharges of typhoid fever patients. So well is this fact known that a well known popular remedy for flatulent dyspepsia is what is known as "Charcoal Biscuit," made of flour, water and vegetable charcoal. The pains of Carbo vegetabilis are burning in character wherever appearing; and in the dyspepsia of the drug there are constant burning pains as under Arsenicum. This is associated with great distention, extreme enough ofttimes to press up against the lungs and produce marked dyspnœa; there is constant passing of wind by both mouth and rectum, and it is always foul, often to putridity; its reaction is generally acid. This dyspepsia may be gastric or intestinal, or both, and generally is caused by debilitating diseases or conditions, or by eating spoilt food, or ice cream, is generally worse from six to eight P. M.

Analogues—Lycopodium.

Flatulent dyspepsia coming immediately after eating, even appearing while eating, the patient sits down with a good appetite, but after swallowing a few mouthfuls he feels full to repletion. The Lycopodium patient is worse from four to eight P. M. The Lycopodium flatulence seems to come from the ingesta, while that of Carbo vegetabilis seems to proceed from the septic alimentary secretions, and may appear independent of food, nearly always complicating the case wherever the lesion.

The Lycopodium flatulence is characteristically in the stomach or sigmoid flexure, and is not always or especially offensive.

The secretions of Lycopodium are all sour, and there is the red sand in the urine and torpid liver.

Nux vomica.

Flatulence after over-eating or intemperance, with constipation; crossness and the irregular, spasmodic, inefficient performance of all functions in spare patients who lead a sedentary life.

Lachesis.

Flatulent distention and hot flushes at the climacteric, patient must loosen the clothing about the waist, and is worse after sleep. The drug is much like Carbo vegetabilis in the venous hyperæmia, with septic tendency and offensive secretions, and is almost equally suited to the treatment of old chronic dyspeptics with offensive secretions.

Arsenicum album.

Acute gastric and intestinal catarrhs, following the ingestion of ices and spoilt foods, with burning pains; but the Arsenicum case is easily differentiated by the great mental and physical unrest, irritable fibre, shown in the frequent thirst and stomachic intolerance. Arsenicum gives us irritabe weakness.

Carbo vegetabilis.

Apathetic weakness.

China officinalis.

Flatulent dyspepsias following the acute loss of fluids, hæmorrhage, lactation, diaphoresis, diarrhœa and acute diseases generally associated with offensive undigested diarrhœa.

Chamomilla.

Flatulent colics of children or cross people; other drugs which exhibit flatulent distention as a characteristic are: Magnesia phosphorica, Colocynth, Phosphorus, Asafœtida.

Hæmorrhages.

Carbo vegetabilis is suited to dark venous hæmorrhages and their effects. The general symptoms appearing with these hæmorrhages will be fully described under collapse.

Analogues—China officinalis.

Passive hæmorrhages, the blood often passes in clots, and is severe enough to almost exsanguinate the patient; there is weak, rapid pulse and congestive headache, though the patient is cold, pale and dyspnœic.

Secale cornutum.

Passive, liquid, grumous hæmorrhages in tall, thin, scrawny people.

Arsenicum.

Collapse after hæmorhages with irritable weakness.

Hamamelis virginica.

Dark, venous, liquid hæmorrhages with mental calmness and without marked prostration, often associated with hæmorrhoids or varicose veins elsewhere.

RESPIRATORY ORGANS.

The symptoms calling for the drug are generally associated with the asthenic dyspepsia and general debility. It is especially suited to the bronchitis of old people, called "senile bronchitis." There is a loose, rattling cough, emitting a sound as though the throat and trachea were relaxed, but little expectoration in proportion to the amount of rattling. There is evening hoarseness, great dyspnœa, and a constant desire to be fanned; patient wants "more air." Gangrene of the lungs after senile pneumonia.

Analogues.

Much rattling with little expectoration. Antimonium tartaricum, Ipecacuanha, Opium, Phosphorus. Bronchitis with dry, tickling cough, worse from cold and from using the larynx (Bryonia), in tall, slender people, with narrow chests, which feel constricted.

Lycopodium.

Senile bronchitis with great debility, flatulence and flapping of the alæ nasi; stoppage of the nose. Expectoration thick and yellow, and patient is worse from six to eight P. M.

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Stannum.

Senile bronchitis, teasing cough, shortness of breath, great weakness of the chest walls, cream colored expectoration, tastes sweetish. Expectoration difficult.

Causticum.

Senile catarrh with paretic symptoms, expectoration is almost impossible, throat seems partly paralyzed, and the phlegm is brought to the pharynx by the greatest difficulty and then swallowed. "Spurting of urine with the cough."

Kali carbonicum.

Cough worse at two or three A. M. (all of the Kali's), with stitch pains in lower part of right lung, expectoration difficult and tenacious, puffiness of the upper eyelids.

Collapse and Cholera.

When it follows hæmorrhage or in the later stages of debilitating diseases.

There is venous stasis, bluish, clammy surface, cold breath, cold sweat, weak, rapid pulse, dyspnœa, patient begs to be fanned, breath short, frequent and difficult, great flatulence, offensive and profuse alvine discharges, legs cold to the knees.

Analogues—Camphor.

In the beginning of collapse patient seems shriveling away, skin is dry and so is the mouth and throat, there are profuse rice water discharges, which seem to be draining the patient dry. Cramps and mental indifference.

Cholera, collapse, cutaneous coldness, cramps, Camphor may also be indicated where there is the collpased, sunken appearance, without appreciable discharges. The Camphor condition seems to be one of acute, intense, sudden shock, and with the pale wrinkled skin and shrivelled, sunken appearance, the patient seems to be growing smaller, actually fading away under your eyes.

Veratrum album.

Collapse, with simultaneous vomiting and purging, there is always intense cramping pains in the abdomen, and cold sweat over the body. The usual characterisic says, "Cold sweat on the forehead," but I have found a tendency to sweat upon any part of the body when associated with great prostration and over-mastering muscular weakness and relaxation, to be equally indicative of Veratrum album. The patient lacks the bluish skin, the venous stasis of Carbo vegetabilis, and has not the extreme flatulence; this is replaced by the abdominal cramping.

Arsenicum album.

Suited to the collapse appearing in the later stages (like Carbo vegetabilis), or in severe acute diseases which tend downward and deathward from the very start. There is prostration and emaciation, beginning at the onset of the disease, and continuing rapidly from the start. Associated with this state we always have the irritable weakness, the intense mental anguish, the unremitting physical restlessness, the irritable stomach and bowels, and when the prostration becomes extreme, cold sweat.

Cuprum metallicum.

A predominance of cramp symptoms, the muscles cramp continuously and draw into hard knots, so interrupting the venous circulation as to cause blueness of surface. There are profuse, painful, frequent, rice water discharges and dyspnœa. Where the cramps are principally in the abdomen, and there is great restlessness, Cuprum arsenicum may be preferred.

Cholera.

The remedies recited above, as the analogues of Carbo vegetabiis in collapse, are also its analogues in the treatment of cholera Asiatica, and can be differentiated by the symptoms already given. Camphor is generally the first remedy when the disease appears in the form of great systemic shock, then Veratrum album or Cuprum, and in the stage of complete collapse with cold sweat, cold breath, dyspnœa, blue surface and involuntary discharge, Arsenicum or Carbo vegetabilis.

Glands Carbo animalis.

Is the principal of the two carbons to be thought of in glandular diseases. The glands become hypertrophied, especially the mammæ, testicles, inguinal, axillary and parotid glands. There is always great induration, the glands being of a stony hardness, and this induration may even involve the surrounding tissues. These enlargements are of syphilitic or cancerous origin, and the pains are burning. The drug is especially indicated in cancers of the mammæ, with burning pains and enlarged indurated axillary glands. Its principal analogue in cancerous affections is Arsenicum, as will appear more fully under the proper heading.

Carbo vegetabilis.

Is also indicated by enlarged and indurated glands with burning pains, appearing in association with other carbon symptoms.

Analogues.

The principal analogues of the carbons in glandular troubles are Sulphur, Calcarea phosphorica, the Mercuries, the Iodides, the Aurums (Metallicum and Iodide) and Phytolacca, and some others as more fully set forth under Sulphur.

Resume of General Characterstics.

Venous stasis following debilitating disease or hæmorrhage with septic symptoms.

Collapse with cold breath, cold sweat, blue surface, dyspnœa.

Asthenic dyspepsias following spoilt or cold food, with great flatulence throughout the alimentary tract, and profuse, offensive, corrosive secretion. Flatulence caused by decomposition of the mucous secretions rather than by that of the ingesta.

Senile diseases, especially bronchitis, much rattling of mucus, with dyspnœa, desire to be fanned, coldness of surface especially below the knees.

Burning pains with all diseases.

Indurated enlargements of glands, of syphilitic or cancerous origin.

Black hæmorhoids which ooze an offensive ichor and bleed a dark liquid blood.

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Varicose veins and varicose ulcers with offensive secretion; they bleed easily and extend superficially (also Mercurius). In depth Kali bichromicum. Both in depth and circumference, Nitric acid.

Flatulence, stomach, Nux vomica, Carbo vegetabilis, China.

Flatulence, intestinal, Lycopodium, Carbo vegetabilis, Asafœtida, Lachesis, Magnesia phosphorica.

Flatulence, decomposition of alimentary secretions, Carbo vegetabilis.

Flatulence, immediately after eating, Nux vomica, Carbo vegetabilis, Lycopodium.

Flatulence, better after eating, China, Lachesis.

Psychology.

MARRIAGES AND DIVORCE AS AFFECTING HEALTH.

BY N. B. DELAMATER, M. D., CHICAGO, ILL.

It is not my intention in this paper to consider the subject from a sexual viewpoint, but from a psychological one.

Harmony, it will be readily admitted, is esesntial to all natural development, no matter what the direction. While music is justly believed to be of natural aid in purifying the morals, in increasing refinement, in softening temperament, in developing intellectuality and strength of mind, we find that this is the case only among those people whose music is based on harmony. On the other hand, wherever we find a people whose music is full of discords and rasping conflict of tone, just the opposite is true as characteristic of this people.

In plants, if there be harmony between the plant and its environments, there will be natural, healthy development and growth. On the other hand, undertake to raise a plant amid inharmonious environments as to earth, air or in any other respect, and the result, either no development at all or else an unnatural or deformed plant.

The development of a knowledge of the application of the ether waves has enabled us by harmony to send messages, not only one but many, over the same wire, in opposite directions at the same time, and also to send messages through the air without wire or visible or tangible connection. Without producing harmony this is utterly impossible.

There can be, I think, no reasonable doubt at this day that it is also possible under favorable conditions for one mind to communicate intelligibly with another mind, even at a great distance. This, no doubt, will be developed to a much greater extent in the future. So far as we can understand this phenomenon, harmony between the two minds is absolutely essential. Not harmony in character of intellection, in taste, or habits, but in cerebral activities.

In the animal world throughout we find that harmony is essential to well being. The human animal is given the power and ability to initiate new ideas, to reason, to develop in a very broad way intelligence, and to experience emotions and all that may result from these.

A nation, the individual people of which are not harmonious to a reasonable degree, cannot thrive. The same is true of smaller groups of people. A club, a society of any kind, even though organized with a clearly distinct aim or object in view, cannot accomplish its ends or develop satisfaction except by harmony. This is true whether it be a political organization, a social one, a religious one, a beneficent one, or any kind of organization. A business corporation or even a simple business partnership cannot accomplish its normal purpose unless the individual members be in harmony. Wherever there is friction there is corresponding loss of power to accomplish, and there is also degeneration and breaking down.

This truth must apply to man and wife as well as to all other associations. It is not the purpose of this little paper to point out or to attempt to give any advice as to how to obtain a knowledge before hand regarding the requirement of harmony. I have no desire to try to suggest any new method for selection of husbands or wives. I am trying simply to show how the medical man may recognize and meet some of the problems that are at all times presenting themselves, and that must be successfully solved by him if he fulfills the obligation resting on his shoulders.

In the etiology of disease, both functional and organic, text-books, ancient and modern, and of all schools, recognize worry or strong emotional disturbance as a prime causative factor, yes, in many diseases, as the one great factor.

In the family relation we find occurring a large proportion of our worries and unpleasant emotional disturbances. That much worry comes from matters outside of the family is not questioned, but we shall not in this paper discuss this point.

A man and a woman when joined in wedlock are at once brought into close contact with each other, neither one really and fully knowing the other. Each one has certain methods of thought, and modes of expression, certain mannerisms and even decided opinions. Each must give way to the other to some extent, must convince the other in some respects, must learn that the other does not always mean just what the spoken words and manner would appear to indicate. Sooner or later each will on occasion give way to ill temper, and strangely enough this is likely to happen with reference to some trivial matter. Relations, friends, pretended friends, or, more likely, men acquaintances may say things often, but not innocently, that cause trouble between man and wife. Again, one may innocently do certain things that the other, trained under different environments, cannot look upon without suspicion or disapproval. Or possibly either may do things that the other cannot and ought not to approve. These things and many others not mentioned here may cause a lack of harmony between man and wife, and give rise to friction more or less severe and wearing.

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Children are born to them, the parents disagree as to the management of the children, and again there is friction. Even if this last is not the case, children may either inherit the tendency to friction, or living in an inharmonious atmosphere, will not develop to the best advantage; they become nervous and irritable, digestion is interfered with, and then they develop a tendency to abnormal conditions or to certain diseases.

A physician is consulted on account of some ailment in either the patient or the children. If the etiology is not clear, and it is any one of the conditions in which friction might be a factor, it is clearly his duty to undertake the task of discovering whether conditions will warrant attributing it to this cause. If so, it is as important to treat the case from this viewpoint as though it were a case in which medicine alone were to be used. The physician should understand and study mental and social hygiene as thoroughly as physical.

In undertaking to find a reason why one child in a family of five or six was an idiot or else feeble minded or excessively nervous, when all the other children in the family were perfectly normal and no hereditary influences could be found by the most diligent inquiry, and where there had been no calamity that could account for it, I have on more than one occasion learned, of course, with difficulty, that at the time of conception of this particular child or during its fœtal life there had existed an unusual amount of friction between the parents.

It is not at all uncommon to find that children living in a home where friction is always present are nervous, irritable and predisposed to nervous troubles. I am sure that every one of those who read this article must have seen cases of chorea and other nervous diseases in children where the etiology was entirely obscure. In many of these I am sure a little investigation would have developed the existence of constant friction between the parents, which I believe is an adequate cause. We all know how many times every physician is called in only to find that the ailment is entirely the result of worry, due to the friction in the home We also appreciate the difficulty of restoring these people to health.

The present divorce wave sweeping over all the civilized world, among both educated and ignorant, rich and poor, Christian and agnostic, indicates the widespread lack of harmony in married life. The evil effects of this from a medical standpoint I have tried to indicate.

Every high minded and right minded man and woman must wake up to the divorce situation, and work with all his might to check thes growing evil. Legislation by church or by the state will not do it. The priest or the minister can accomplish a certain amount of good, but not all that can be done.

The physician must take up the problem. It is the doctor who has not only the opportunity of getting at the facts, but has the facts forced upon him. It is the doctor who is in a position to comprehend more fully than anyone else the dire results that must follow divorce. The physician, and especially that grand type, the family physician can command the attention of the family and thus wield a most potent influence.

How shall we fit ourselves to meet the responsibility? Evidently just as we have fitted ourselves to solve other great problems where health is the desideratum. Let us study the problem, and study human nature, familiarize ourselves with the workings of the human mind and with the general principles of psychics. Then study the mental workings and habits of each individual patient. I have in a paper, published some years since, expressed some thoughts on this subject as related to the bringing up of children. I now desire to present some views in regard to marriage. It has been my custom for many years whenever any one under my care, whether man or woman, is about to marry, to seek an opportunity for an extended interview with both parties, and to give them first actual and correct information on the physiological and physical conditions to be met, for I deem a right understanding and a full comprehension of these to be of the greatest importance in helping to establish future harmonious relations.

Then next I try to suggest that each one make a careful study of the other, giving them to understand that not until after they are married and are actually living together can they really become acquainted. I dwell upon the importance of full confidential relations on every subject, and of having no secrets from each other, and that each shall know all about the business or social affairs of the other, that both should be cognizant of and interested in the income. That there should be open discussion as to expenses, personal or joint. And the inevitable fact pointed out that they cannot always agree, and that one or the other must give way, but it should not be expected that the same one should always give way.

Third, in every family where I learn there is friction I have made it a point to have a quiet, heart-to-heart talk with both parties, often many talks, taking each one by him or herself. In this the object to be attained is to get the attention of each focussed on the good qualities of the other, and to understand wherein he or she is at fault. I undertake to point a way by which the one we are talking with can change his or her habits or mannerisms. It is, of course, obvious that we must study each case, and fit our suggestions to individual needs. In many cases we find that a restoring of the many little attentions of earlier life will accomplish wonders.

I have, I know, by these means prevented a goodly number of divorces, even after affairs had reached an acute stage, sometimes a very advanced stage. If physicians generally could be induced to take up this line of study and work, divorces would become fewer by far, and the general health of the people much better. The neurologist, however, would suffer.

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Practice of Medicine.

HOMŒOPATHIC TREATMENT OF ADENOID VEGETATIONS.

BY DR. LAMBRECHTS, ANTWERP, BELGIUM.

(Translated from the Journal Belge D'Homœopathie by W. A. D.)

Adenoid vegetations are found with extreme frequency in children and furnish a large stock of operations to specialists in diseases of the throat and nose who consider the surgical treatment alone efficacious. For us, homœopathic physicians, the question of the treatment of adenoid vegetations is of a capital importance since many mothers of families have an instinctive dread for all operations and address themselves willingly to Homœopathy before delivering their children into the hands of the surgeon. It is necessary, therefore, that we have an exact knowledge of the resources that are at our disposal to combat this affection, and the results that we can obtain by our method of treatment.

At the present time there is among homœopathic physicians a great divergence of opinion upon the mode of action in a case of adenoid vegetation. Dr. DeWee, of Brussels, in an excellent article published in 1895 in the Journal Belge d'Homœopathie, declared himself squarely in favor of the operation. "Operate at once," he writes, "from the moment of reflex or local troubles and follow by internal treatment to correct the general health." Dr. DeWee cites several cases where the patients were treated for 3, 5 and 7 years with no other result than the reproaches of the parents to the physicians opposed to the operation.

The physicians and surgeons of the London Homœopathic Hospital are unanimous in discountenancing the removal of adenoid vegetations in cases where the two nares are yet permeable to air. They believe, and not without reason, that when respiration can be carried on by the nose the vegetations can be easily cured by constitutional treatment and by a few adjuvant measures that I will mention further on.

In his excellent treatise on the affections of the nose and throat and their homœopathic treatment, Dr. Quay, professor of Rhinology and Laryngology in the Cleveland Homœopathic Medical College, is of the opinion that surgical intervention in indispensable in the majority of cases and he only institutes the internal treatment after the removal of the adenoid tumors.

The late Dr. Martigny, of Brussels, opposed all operations and obtained remarkable results by the alternation of homœopathic remedies.

Finally, Dr. Roberson Day, of London, in the British Homœopathic Review, reports many cases of adenoid vegetations which were about to be operated on, radically cured by homœopathic medication alone.

From this exposition there results the fact that cures have been made by homœopathic remedies administered internally, but these cures in regard to the number of cases that the homœopathic physician meets in his practice are rather rare and demand a long and somewhat discouraging treatment. It is, therefore, not astonishing that the majority of our colleagues incline to the operation, which gives more rapid and certain results.

However, judging from experiments that I have carried on for a number of years past, there is a method quite simple of diminishing the length of the treatment and of rendering it more efficacious. This method consists of instituting a local homœopathic treatment at the same time that internal treatment is employed.

For the local treatment I employ ordinarily the glycerole of Hydrastis canadensis, according to the following formula:

Glycerine pure ..... 60 grammes
Hydrastis canadensis tincture.... 10 grammes

Proceeding as follows:

Introduce deep into each nostril a tampon of cotton soaked in the glycerole of Hydrastis and induce the child at the same time to make frequent inspirations so that some of the liquid gets into the pharynx. After about a quarter of an hour withdraw the tampon and introduce one like it into the other nostril, leaving it there the same length of time. This double operation may be repeated three times a day at the commencement of the treatment, then twice or once as the amelioration progresses.

This procedure offers the valuable advantage of maintaining the glycerole of Hydrastis for quite a long time in contact with the naso-pharyngeal mucous membrane and the adenoid vegetations permitting the remedy to act immediately upon the affected tissues.

Hydrastis canadensis is perfectly homœopathic to the totality of the symptoms produced by adenoid vegetations. Beyond the irritating action that this remedy exercises on glandular tissue it contains in its pathogenesis as a predominant symptom catarrh of the nasal fossæ with a thick yellow or bloody secretion.

At the end of a week of this local treatment combined of course, with the appropriate homœopathic remedy internally, it is not rare to see the nose become free and permeable to air and the snoring which is due to the effect of the nasal obstruction disappear and the child sleep with closed mouth. However, it is a common observation that when the nostrils become permeable to air that the vegetations rapidly atrophy. That is why, as reported above, the English Homœopaths oppose operation when the patient can breathe through both nostrils. It is certaion that the nasal catarrh that accompanies almost always adenoid vegetations exerts quite an influence upon them. The acrid secretions which drop from the posterior nares into the pharynx and constantly bathe the adenoid tumors, must necessarily irritate the lymphoid tissue of which these are formed, and thus favor their proliferation. It is easily conceived that in removing the catarrh of the nose and replacing the secretion therefrom by a liquid as soothing as the glycerole of Hydrastis, that the atrophy of the vegetations is more easily obtained. I have seen many times vegetations as

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large as a cherry disappear in five or six weeks with the local and internal treatment combined.

Internal Treatment.

Whatever be the cause of the adenoid vegetations, be they of tubercular nature as certain authors pretend, or be they the expression of a pronounced lymphatic state, they are nevertheless a constitutional taint which can only be modified by internal treatment. Surgical intervention is only a palliative measure, and if the child were left to itself after the operation the vegetations would not delay in returning. The medical treatment is therefore indispensable in all cases, those operated on and those not.

Dr. Martigny, who saw in adenoid vegetations a tubercular disposition, prescribed the following remedies alternated: Arsenic iodide, Calcarea phosphorica, Hydrastis canadensis and Kali bichromicum. The results that he obtained from these remedies were so satisfying that he rejected all surgical interferences.

Dr. Roberson Day, who seems to partake of the opinion of Dr. Martigny upon the tuberculous nature of vegetations, recommends Calcarea phosphorica 6th, or Baryta carbonica 6th and Tuberculinum 30th.

He reports in the March, 1907, number of the British Homœopathic Review an interesting case of adenoid vegetations complicated with hypertrophy of the tonsils, that he completely cured with these three remedies after operation had been judged indispensable by several specialists.

Besides these remedies there are recommended Calcarea iodatum, Hydriodic acid, Kali iodatum, Mercurius solubilis and iodide, Pulsatilla, Sulphur, Aurum muriate, Psorinum, Kali muriaticum, Hepar sulphur, Silicea, Sanguinaria nitrate, Teucrium, etc., etc. We might also mention that Thyroidine has given excellent results in certain cases of adenoid vegetations.

As adjuvant measures, a sojourn at the seashore is recommended, exercises in breathing through the nose, and the application during the night of a chin strap, closing the mouth completely and forcing the child to breathe through the nose. According to the English Homœopaths, the latter method gives remarkable results in cases of adenoid vegetations where the nostrils are permeable to air and even after operation to accustom the child to breathe through the nose.

Here is a history of two interesting cases of adenoid vegetations that were cured by local homœopathic external and internal treatment in a relatively short time:

The 31st of October, 1905, I had to treat Simone M., a child of 6 years, suffering from adenoid vegetations. The mother had consulted several specialists of Antwerp and Brussels and all had advised the immediate removal of the growths. But before having recourse to this extreme measure, Madame G. resolved to try homœopathic treatment.

The little patient was underdeveloped for her age; she was pale and anæmic and of a very accentuated lymphatic temperament. For several months she had been tormented with a spasmodic cough with a nocturnal aggravation, for which allopathic remedies had been exhausted in vain. Both nostrils were nearly completely obstructed and filled with thick, yellow mucus. The patient held the mouth always open, which gave her the stupid expression so characteristic of children suffering from adenoid vegetations. At night she slept with the mouth open and snored noisily. The tonsils were slightly hypertrophied.

A digital examination easily showed behind the velum palati the presence of a soft tumor the size of a walnut.

I prescribed Calcarea phosphorica 6th, Kali bichromicum 6th, and Mercurius iodide 6th, and I placed successively in the two nostrils in the manner described above tampons soaked in the glycerole of Hydrastis. At the end of a week of this treatment, the mother announced with joy that a marked amelioration had taken place in her daughter. In fact, the nostrils had become permeable to air and the nightly snoring had completely disappeared. The same treatment was continued until December 13th. At this date the child could be considered cured. I saw the child recently; she has become strong and resisting, the complexion is fresh and she has passed two winters without the slightest cold.

The own cousin of the patient whose case I have just related was under treatment of a Paris specialist for the same affection. She had also a purulent discharge from the left ear. The attending physician was waiting for the cure of the ear trouble before proceeding to operate on the adenoids. The mother, Madame Z., having learned of the cure of the little Simone, came to consult me on the third of February, 1906, and begged me to treat her daughter. It was a child of 7 years, very delicate, pale and lymphatic. She presented a nasal catarrh which hindered almost entirely nasal respiration. The discharge from the ear from which she had suffered for several weeks, was treated by injections of oxygenated water injected into the auditory canal. The tonsils were quite large. As internal remedies I prescribed Pulsatilla 3, Calcarea phosphorica 6, and Kali bichromicum 6, and I replaced the injections of oxygenated water by insufflations of finely powdered Boric acid. This powder seems to give the best results in otorrhœa, better than the injection of liquids which frequently have the effect to irritate the membrana tympani. I afterwards employed the same treatment locally as in the preceding case. In about a fortnight, when the little patient came to see me, I could see a marked improvement, both as to the nasal fossæ and as to the ear. The purulent discharge had almost completely ceased, being reduced to the weeping of a serous liquid very slight in quantity. The child already breathed through the nose and could sleep with the mouth closed.

On March 28th the vegetations were no longer perceptible to the feeling, and the little patient was in a satisfactory condition, she returned to Paris.

From news that I have received from her since, I learned that she visited her old physician. He was much surprised to note the great change which was produced in the health of the child. He in-

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quired as to the mode of treatment and declared that he did not know these remedies, but would take note of them.

Addresses.

PRESIDENT'S ADDRESS.*

BY J. HENSLEY, M. D., OKLAHOMA CITY, OKLA.

There are different schools of medicine, each claiming it is superior to the others. There are really but three schools having national, state and local societies with colleges teaching theory and practice peculiarly their own. There are many adjuvants and fixed scientific facts that they all hold in common

All schools of medicine are schools of thought, striving to develop into a scientific certainty those things that are in doubt in therapeutics, as well as to develop new truths in medicine.

It would be presumptous for any one school of medicine to claim that it possessed all that is good in the healing art. Perhaps it is well that separate schools of medicine do exist, as the millenium in medicine has not yet come, and until it does perhaps the rivalry in medicine by there being separate schools, as in everything else, will act as a spur to a more vigorous pursuit to attain the desired object.

No one school of medicine has any just rights to claim supremacy over that of another before our legislatures, either State or National. Neither has any school of medicine or medical association any just rights to claim they represent all schools of medicine; and any school of medicine or association making demands for absolute or majority control of medical boards do so for the same reason that every other monopoly exists, for the purpose of gaining undue advantage over its rivals.

The monopoly of the medical power of any State into one medical association is dangerous to the best interest of humanity, as it would tend to retard progress in medical science, as is a monopoly of any other trust to the interest it affects. Those States having the best medical laws are those having the nearest equal recognition of the different schools of medicine.

True physicians should be the conservators of all that is best in medicine. They should be willing at all times to investigate and ready to adopt all scientific agencies, no matter from what source, to the relief of suffering humanity. When I say scientific agencies I mean those agencies that apply to nature's laws. Anything to be scientific must accord with the laws of nature. The laws of the science and nature's laws are synonymous terms. Therefore, a scientific application of drugs must be based upon nature's laws if we expect to obtain the best results. As medical men we should be liberal with our brethren of other schools, yet zealous of the principles of our own. We should accord to them the right to their views, and, at the same time, demand the same courtesy for ourselves. Criticism given at all times in a spirit that should possess everyone belonging to our noble profession is healthful. The time is passed for calling another man a knave or a fool because he does not think, act and see as we do. We must consider that early teachings and environments have very much to do with the trend of our thoughts, and that the color of the glasses we look through has very much to do in forming our opinions, and too often selfish motives control our acts. We were no less honest before we came into homœopathic truth, we were living up to a declaration of principles that established our character before many of us even heard of Samuel Hahnemann. Some of us brought up under the teachings of old school medicine can well remember the circumstances that led us into the secrets of Homœopathy. By the wonderful cures brought to our notice, and very often by devoted and loving mothers at the bedside with their little case of medicines and domestic book, studying the symptoms and selecting the remedy as best they could from their limited knowledge of disease and medicine. Others, through no premeditated excellence of judgment, but through early training and associations.

Therefore, let us be reasonable in our judgments and careful in our words and actions so as to give no cause for offense. Our acts should be directed with a conscientious desire to the development of a scientific materia medica, and to aid each other in the battle to relieve suffering humanity. Let us realize that we are the guardians of a wonderful medical truth, and that we owe it to humanity to develop that truth to the utmost of our ability. If we expect to attract the attention of thinking men, and convince them, we must stand on our merits as conscientious men, seeking after knowledge to aid us in a scientific application of nature's laws to the relief of suffering humanity. Let us be prepared to give the patient the benefit of all established means of relief, no matter from what source. Our rightful position in the medical world must be wholly through the success of our work. "A tree is known by its fruits." Our aim in life as physicians, having placed in our hands the lives of human beings, should be to strive for the very best means to relieve distress. We should always be ready to hold out a helping hand to any brother physician earnestly expressing a desire to investigate our special field.

I do not wish to be understood as being in favor of giving up in any degree our distinctive place in medical societies or schools of medicine, nor do I want to be considered as in favor of amalgamation or any other change of attitude upon our part; but, as physicians of the high calling in which we are engaged, and for the progress of radical science, and for humanity's sake, I would insist on us remaining a district school of therapeutics, and that our societies remain separate, and upheld with dignity, always ready to extend its benefits, but jealous of its integrity. Let us hold to all that is distinctive in homœopathic thought, but let us not be contented in a

*Oklahoma Institute of Homœopathy, October 8, 1907.

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unique knowledge. We live in a progressive age, and if we do not keep ourselves abreast of the times we cannot hope to sustain the respect and confidence of an intelligent clientele. We must not be satisfied to remain inactive. Let us open up nature's storehouse and ask for concessions from the great foundation of scientific needs. There are means of investigation now available that were not dreamed of in Hahnemann's time. Who knows how much we may yet be able to learn of the mysterious hidden relations of drugs to the human body? May not the laboratory reveal new facts that will so impress our brethren of the dominate school as to convince them that there is force in atoms, and that the microbe not visible to the natural senses has wonderful devastating and destructive opwer to the human family? Will not they take a lesson from the malarial parasite, the bacillus of yellow fever, or the bacterium of typhoid fever, and be convinced there is something in infinitesimals, or will they continue to be satisfied in dealing in ponderable compound doses, as they have been in the past ages, with the variations from which from recent statements made by their leaders in clinical medicine, they know but little or nothing of?

When we think for one minute that the American Medical Association was told last summer by one of its ablest clinical teachers, and a professor in the Harvard Medical School that nearly one-half of the prescriptions written by the leading physicians inin Boston were compounded of medicine of which they knew little or nothing. Or what satisfaction can be drawn from that of Howslip Dickinson in his introductory lecture at St. George's Hospital, in London, when he said that "our available therapeutics are no better than a jumble of contradictory rules and expedients, originating in part in shallow and illogical generalization and in part in the crudest empiricism."

What astounding statements coming from the lips of the leading teachers of clinical medicine of the old school, and from a school that boasts of its antiquity, and style themselves "Regulars;" a school claiming that they are the only school of medicine based upon scientific facts. Is it not one of the greatest paradoxical assertions of the age?

How different the teachings of our school. We have but one guide, and that is as unchangeable as the Creator Himself, the basic facts of which are founded upon the law of similars. It has stood the test of ages and will ever be the same in all time to come. We need not fear investigation. Every realm bearing upon our knowledge in a scientific investigation will only strengthen and prove beyond any controversy the correctness upon which our therapeutic law is founded. We are not vain enough to claim we know all that is to be known, but do claim all cures effected are based upon the law of "like produces like," and I am fully convinced the time will come when the medical world will acknowledge the law of similars to be the only correct guide to direct them at the bedside. There are yet many mysteries we do not understand, many hidden and valuable therapetuic agents that have never been added to our materia medica. The therapeutic foundation has been laid upon the inevitable law of "like produces like." It is strong and broad enough to sustain any superstructure that time may erect, and as science reveals to us new agencies, let us add a new stone to the building until it is complete.

Societies.

THE CLEVELAND HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of this flourishing society was held in the college auditorium, October 9. There was a full attendance of members, with a number of students and some visitors.

The Board of Censors reported the application of two physicians for membership in the society. They were Dr. F. C. Bissell, Oberlin, and Dr. A. L. Innes, Cleveland. On motion they were lected to membership.

President Staples then called for the regular program. Dr. H. D. Champlin read a paper on "Influenza," which was discussed by Dr. Clarence Cutter. Dr. Josephine M. Danforth gave a very instructive address on the Value of Blood Examinations, showing how very important was this branch of laboratory, especially since the development of this study of clinical microscopy. Her address was scientific and very instructive.

Dr. A. E. Biddinger read a paper on "The New Anæsthetic—Morphine, Hyoscin and Cactin." This we hope to see in print. The statements made by the doctor were very freely discussed and exception taken to some of them, the opinion expressed by some members being that the Cactin was mostly inert and that the major portion of the effect of the combination came from the Morphine.

Dr. Newman T. B. Nobles gave a report of two cases of "Gangrene." The first was that of a girl under thirty, pregnant, to whom Ergot had been given in large doses. She developed gangrene of both lower extremities. This was symmetrical in shape, though the left leg was more markedly affected than the right and was amputated above the knee. The right leg was saved as a result of the prompt and energetic treatment adopted by the doctor. The girl made a good recovery. The second case was that of a man admitted to the hospital practically moribund. He was gangrenous from the toes to the umbilicus. Death resulted in a short time and autopsy showed carcinomatous liver and stomach.

Dr. William T. Miller discussed the subject of "Arterio-Sclerosis," basing his remarks on a case upon which he had operated in which the femoral and popliteral arteries were markedly sclerosed. The doctor showed the specimen, beautifully mounted. His talk was very interesting and instructive. He discussed also the ubject of "Diabetes," especially as affecting the aged, he having recently had three cases aged respectively 65, 74 and 85 years.

Upon the conclusion of this address the society adjourned.

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THE OKLAHOMA MEDICAL INSTITUTE OF HOMŒOPATHY

The third annual meeting of the Oklahoma Medical Institute of Homœopathy met in Oklahoma City, October 8, 1907, at the office of Dr. J. Hensley, at 2 o'clock P. M. Dr. Hensley in the chair. We had one of the best meetings this society has held. There was a perfect unity of feeling and friendship, and great enthusiasm shown for the meeting of the American Institute to be held at Oklahoma City, June, 1908. President Hensley's address was scientific and scholarly, and freely discussed by those present. The scientific program was a good one, and the papers presented were all of a high order of merit; all present profited by them, and the manner in which the subjects were handled. After the usual routine of business, the officers for the ensuing year were elected, as follows:

President, Dr. J. Hensley, Oklahoma City, Okla.

First Vice-President, Dr. D. M. Miller, Blackwell, Okla.

Second Vice-President, Dr. H. J. Hughes, Muskogee, I. T.

Secretary and Treasurer, Dr. Mary E. Ray, Tecumseh, Okla.

Place selected for next meeting, Guthrie, Okla.

All present felt that they had been benefited by coming out to this meeting, and look forward with pleasure to the time when we meet again.

Mary E. Ray, Sec'y.

UNION CLINICAL SOCIETY.

The Miami and Shelby County Medical Society held the first meeting of the season at the Hotel Plaza, Piqua, on October the eleventh, 1907. As this society has for its object the cultivation of the social side of life as well as the professional, the ladies were invited to this initial meeting to add to the chivalry of manhood, and to enhance the pleasures of the occasion withal by leading the conversation away from sombre scenes and ills and aches. After all had arrived at the place of meeting, the President, Dr. A. S. Rosenberger, and his affable wife, led the way to the banquet table, which was beautifully decorated with fronded ferns and candelabra. The banquet was an elaborate affair, consisting of six courses and followed by several wakeful nights. During the serving there flowed gently from the balcony above a flood of melody such as only stringed instruments and the blended voices of dusky darkies can make. While the strains of music were dying away, and the attuned brain was still vibrating to the melody of "Georgia, My Southern Home," our venerable president arose and read his inaugural address. In the capacity of preceptor, Dr. Rosenberger is related to nearly every physician in the society, and he is our pater familias. The doctor was followed by his talented wife, who, in classical English, made a most charming and able address on The Relation of the Physician's Wife to the Profession of Medicine. At the subsequent business session a committee was appointed to lay out the scientific work for the winter. The meeting was a social success, and if the clinical achievements prove as profitable as this meeting was pleasurable, we shall all increase in knowledge and grown in wisdom. Twenty four persons were present.

A. W. R.

THE STATE OF OKLAHOMA.

All Oklahoma is looking forward to the President's proclamation, which he has promised to issue on the 16th of this month, declaring joint statehood to the territories of Oklahoma and Indian Territory. Preparations are being made in many of our cities for a great jollification on that occasion. Our citizens from all parts of the State will congregate by the thousands at Guthrie, our temporary seat of government, to witness the inauguration of our first governor. Our people will certainly have much to be thankful for this coming Thanksgiving. We have been blessed with abundant crops. One of the most delightful autumn seasons, being now the 12th of November, and the foliage and gardens yet green.

Prosperity is evident in every direction. The financial flurry of the East has given us some trouble and difficulty in moving our immense cotton crops. Our people have perfect confidence in the stability of our banks, and have made no effort to cripple them by drawing out their deposits. Improvements are evident all over our beautiful city; large fine six and nine-story blocks, strictly fire-proof, are being erected. Miles and miles of asphalt pavement being put down, and hundreds of miles of cement sidewalks being constructed. One-half million dollars being spent by our street railway in extensions, terminals, stops and power house. The annex to the hotel will soon be completed, after which we will have one of the largest hotels in the West.

I have made arrangements to use our leading opera house for our Institute meetings. Can get all the rooms close by for the different sections and committees. The opera house is close to the leading hotels. I thought perhaps some of the delegates would feel more at home there than in a church. I shall leave nothing undone that is in my power to make their stay here pleasant and profitable; and our citizens, both men and women, are in sympathy with me. Our State and local medical societies are already planning for the meeting and looking forward to a great blessing. Our State meeting last month was well attended; we had large additions to our membership.

We meet again early in the spring to complete arrangements for Institute meeting. Homœopathy is looking up all over the great Southwest, and in time we will make ourselves felt in local and national legislatures. When a person comes here from the conservative East he at once catches the enthusiasm, and starts out to make himself felt, and to turn something up. Activity will make itself felt in any community; we live in an age of activity and progression, and this new country is being populated by a class of people who believe in work; we have no room for drones, but extend a welcome to all who are ready to do their part in developing this wonderfud country.

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I feel assured the members of the Institute by coming here will absorb some of the western enthusiasm, and go back home more determined than ever to push forward our noble profession, and plant our special school on the pinnacle of medical science, where nature intended it should be. Let our brethren congregate here from the far distant East and West, from the North and South, and let us take each other by the hand and form new acquaintances, and make new resolves, and go out with a full determination to do each other's part in working together in one harmonious whole for humanity's sake, to spread the gospel of simillia to the suffering world. Dr. J. Hensley.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The Southern Homœopathic Medical Association met at the Seelbach Hotel, Louisville, Ky., on October 28th. The attendance was very small, smaller than for some years, but, nevertheless, the papers presented were good and the discussions profitable. Dr. W. L. McCreary, of Knoxville, Tenn., presided; the address of welcome was made by Dr. Chester A. Mayer, of Louisville.

Dr. McCreary in his presidential address spoke of increased demand for homœopathic physicians in the South, and the great field Homœopathy offers for the young man. He advocated liberal legislation, larger representation on State boards, examining and sanitary, and believe that it can easily be brought about, which is a good sensible belief. He condemned the use of combination tablet, opposed any allopathic alliance and urged all to continue upon the lines they have found so successful in the past.

The Materia Medica Bureau had several interesting papers, that of Dr. H. C. Allen, of Chicago, being notable. Dr. J. P. Cobb read a paper on "Recent Ideas on Infant Feeding." The Surgical Bureau was especially fine. Dr. Dean T. Smith, of Ann Arbor, read a paper on "Surgery of the Round Ligaments;" Dr. C. E. Walton, of Cincinnati, on "H. M. C., or Hyoscine-Cocaine-Morphine Anæsthesia;" Dr. O. S. Runnels, of Indianapolis, "The Sentinel," and Dr. Willis Young, of St. Louis, on "Three Failures." Other interesting papers were also presented.

The officers elected for 1908 were:

Dr. V. H. Hallman, Hot Springs, Ark., President.

Dr. H. C. Clendenin, Louisville, Ky., Vice-President.

Dr. Edward Harper, New Orleans, La., Secretary.

Dr. J. T. Bryan, Louisville, Ky., Treasurer.

New Orleans was chosen as the next place of meeting, and this we regard as a wise choice. We hope to see a large and successful meeting in the Crescent City next autumn.

Euonymus may be given with Iris or Leptandra for specific liver difficulties, with the stomach remedies above named for its influence upon the stomach and with Cascara sagrada, or Juglans in atonic conditions of the intestinal wall. (Ellingwood.)

The Hospitals.

NEW HOMŒOPATHIC HOSPITAL IN BUFFALO.

A meeting of the "Founders" of the new hospital was held on October 1st, 1907, as warranted by the completion of the $100,000 subscription. At this meeting a Board of Governors was elected, consisting of twelve well known men. According to the prospectus the "Founders" are those persons who subscribed one thousand dollars or more to the fund for the new hospital.

On October 2d the newly elected board of "Governors" met at the Buffalo Club, for organization and preliminary work.

It is certainly a matter for rejoicing and congratulation that the one hundred thousand dollar fund has been completed, which makes active organization at once a certainty, but we must not lose sight of the fact that upwards of fifty thousand dollars will be required in addition to carry out the project.

It is a well known fact, however, that some who have not subscribed are only awaiting the actual starting of the enterprise to add their subscriptions, and no doubt many who have contributed will be glad to add to amounts already handed in in order to see the hospital completed.

The "Governors" elected at the meeting held on October 1, 1907, are as follows:

Messrs. H. E. Montgomery, Andrew Langdon, Frederick C. Gratwick, W. H. Crosby, E. J. Barcalo, Sidney McDougall, Horace F. Taylor, Herbert E. Crouch, Edward J. Eisele, J. J. H. Brown, James H. Dyett and Henry D. Miles.

According to the prospectus, the Governors elected by the "Founders" or their proxies, are to have full charge of everything connected with the project ed new hospital, including building plans, the completion of the details for the acquisition of the site, and all other details. The new Board of Governors will have nothing to do with the present hospital, but immediately on the completion of the new building the old hospital association will become merged in the new, and the new Board of Governors, or their successors will be in full control.

A meeting of the Governors, at which Mr. H. E. Montgomery presided, was held at the Iroquois Hotel on Saturday evening, October 12, 1907. At this meeting it was officially decided to build a new hospital. It was reported that the site for the new building has been secured, and the Board of Governors will take the coming winter to form plans for the work. "The site selected," said Mr. Montgomery at the conclusion of the meeting, "is an ideal one. It has a frontage on Linwood avenue of 290 feet, and on Lafayette avenue of 213 feet. It overlooks Gates Circle, Delaware Park, and the finest residential portion of the city. Our plans for the hospital building will be completed during the coming winter, and we expect to begin building just as soon in the spring as the weather will permit."

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The Colleges.

A WELL MERITED HONOR.

The Cleveland physicians honored themselves in the honor they bestowed upon Dr. Gaius J. Jones, November 13th, when they held a banquet at which he was the recipient of a beautiful silver loving cup, the gift of his hosts of friends and admirers.

The banquet was held under the auspices of the Cleveland Homœopathic Medical Society, and there were gathered together about one hundred and fifty guests for the occasion, all of them voicing the opinion that the function was a most decided success. Some of these friends had come from a distance, among them being Drs. C. E. Walton, of Cincinnati; W. B. Hinsdale, of Ann Arbor; DeWitt G. Wilcox, of Buffalo; L. K. Maxwell, of Toledo; G. J. Damon, of Medina; B. E. Miller, of Portland, Oregon; T. T. Church, of Salem, and many others, all of them former students of Dr. Jones.

The program of after-dinner talks included the names of Drs. DeWitt G. Wilcox, W. B. Hinsdale, C. E. Walton, H. H. Baxter and the honored guest,

GAIUS J. JONES, M. D.

all being under the efficient guardianship of that prince of toastmasters, Dr. Lester E. Siemon, and supplemented with the music of an excellent orchestra. Mention of these names is enough to show that these addresses were well worth hearing.

It is quite proper to give a short resume of Dr. Jones's life history, and we can do no better than quote the one prepared for the history of the Cleveland College by that veteran, Dr. D. H. Beckwith, himself a recipient a short time ago of an honor of the kind which drew together the company of the present evening:

"Dr. Jones was born at Remsen, Oneida Co., N. Y., February 27, 1843. Until the age of thirteen he spent all his time on the farm, obtaining only the ordinary education which was given in country schools of that period. At the age of seventeen, after an academy course, which was very creditable, he began to teach school, continuing in this position for only one year, when ill health compelled him to abandon it.

"On the breaking out of the war he enlisted in the 14th Regiment of New York Volunteers, and was one of a very large number who, while encamped on the Potomac, were stricken with typhoid fever. The next year he was honorably discharged as physically unfit to take up the arduous duties of the soldier, and returned to his home, where, under careful nursing and attention, recuperated.

"Following out a long cherished wish, he began the study of medicine, his preceptor being Dr. M. M. Gardner, of Holland Patent, N. Y. He attended lectures at the Homœopathic College of Cleveland, O., for a year, and as was customary in those days, he began the practice of medicine before he graduated. His first location was at Liverpool, O. He was, however, induced to leave a very comfortable practice, which he had gathered together at that place, in order to take up the practice of his preceptor at Holland Patent. This arrangement, however, was unsatisfactory, and he returned to Liverpool, where he remained until 1871. Then he removed to Grafton, O., where he speedily built up one of the most desirable practices in that vicinity. In 1872 he graduated from our college, and was at once given a position as lecturer on anatomy. The following year he was made a full professor, and retained this chair until 1878, during two years of this time filling also the chair of surgery. Until 1874 he remained at Grafton, coming to Cleveland for his lectures, and also taking care of his practice.

"In 1874 he removed to Cleveland, where his rare judgment and exceptional ability soon won for him one of the most lucrative practices in the city. In 1878 he was promoted to the professorship of theory and practice of medicine, and during this long period of twenty-nine years he has served continuously in that department, rarely missing a lecture, and building up for himself as a teacher a reputation that is second to none in the country. His thoroughness and conscientiousness, together with his honest desire to be everything possible to his students, have won for him their love and respect to a marked degree.

"As a practitioner Dr. Jones has had a marvelous success. His good judgment, wide knowledge and unquestionable integrity have won for him the admiration and respect of all who know him. Quiet and reserved in his manner, he is slow to advance himself, and all the honors that have come upon him have come simply in recognition of his genuine ability and strength of character. He was dean of the Cleveland Medical College during its entire existence, but when it united with the Cleveland University of Medicine and Surgery to become the Cleveland Homœopathic Medical College, he accepted the position of vice-dean. In 1898 he was elected dean, and has occupied this position since that time.

"His public services outside of college work have been many. He has been a member of the staff of the Huron Street Hospital since 1874, and a lecturer

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at the Training School for Nurses, which is connected with the hospital. For some years he was surgeon of the 5th Regiment Ohio National Guard, as well as surgeon-in-chief of the L. S. and M. S. Railroad Employes' Relief Association, and surgeon of the N. Y. P. and O. R. R. He is interested in various business enterprises, where his executive ability has commanded the esteem of his associates. notable among these is the National Safe and Dock Co., of which he has been president almost since the organization of the company.

"Dr. Jones is still in the fifties, and there is strong evidence that he will continue not only to alleviate the sufferings of humanity for some time to come. but a'so to inspire hundreds of students with a greater desire for truth and knowledge. His ceaseless activity and success is constantly furnishing scores of young men with an example that if followed. will make it impossible for any of them to say, "I have lived in vain."

For the past three years Dr. Jones has been the president of the Board of Trustees of the College, and still retains his professorship of the theory and practice of medicine.

WHO NEXT?

Response to a Toast in Honor of Dr. Gains J. Jones, of Cleveland, O.

BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

A few years ago in compiling an announcement of our Practitioners' Council at Ann Arbor, I took occasion to make some computations in regard to Dr. Jones's career as a teacher.

I found by estimating the length of time he had been a medical teacher and the size of the many classes who had attended his lectures, that no other man in the country, or the world, for that matter, had probably taught the theory and practice of medicine to so many homœopathic students.

This statement I then published and am here to reiterate it without fear of contradiction. For this reason, gentlemen and ladies, if for no other. this is an occasion of more than ordinary moment. being one in which we try in so impressive a manner to celebrate the work of a great medical teacher. Aside from all feelings of love, you, his neighbors of Cleveland; all respect, you, his admirers. from distant cities: or we. his former students, may have for him and his high professional standing and attainments this fact of his wide range of influence as a teacher of internal medicine, impresses me the most and excites my greatest admiration. What a considerable fraction of the Homœopathic profession is today through those States surrounding Ohio and especially those in Ohio, herself, he has had very much to do with in the making. If any one has lapsed from the rectitude of the Homœopathic principle he never received his suggestion for side-stepping from this teacher.

I am not one of those who think our grade of quality is lower or our general influence weakened. When I ask the question, then, Who Next? I mean in fact, who again will do as much and from whom will he do it?

The men to whom we do reverence upon such delightful occasions are past the years of their greatest activities and, according to the laws of nature, are approaching the time when they must retire in favor of their successors.. What kind of a doctor will the practitioner of the future be? Will he be wholly a surgeon, the little incidents of life that have called for the attention of the internist all being past owing to the accomplishments of preventive medicine? Will he be an internist alone, people having learned to live without either breaking their bones or developing neoplasms? Will he be merely a trained sanitarian, teaching his clients how not to become his patients? Will he be merely a pathologist, a diagnostician, an organo-therapist or what?

Who will teach, him and how, when and where will he be taught? Nothing is more apt to be wide of the mark than what we call deductions from experiences and observation. Should we prognose tonight and come back at the end of a man's life time to see how nearly we had guessed, we would no doubt be more provoked to mirth than we are by Dr. ————'s wit or astounded as we are at Doctor W————'s wisdom.

Of but one thing we may be sure and that is somebody will be alive and that he will be liable to ailments and that somebody else will be wanting to relieve him.

They tell us that allopathy is no longer practiced and that Homœopathy is absorbed by modern medicine and that a new order of medical practice already exists. Whether this is a fact or fiction need not concern us at this time. We know that the drift of human progress has been gradually from error towards truth; from the coarse to the refined, from the defective towards the more perfect and that the progress of medicine, though often faltering, is moved by the same drift. In fact, such movement alone constitutes progress.

It used to be said that a falsehood could run all over the country while Truth was getting his boots on. But Truth eventually gets his boots on and, if history teaches anything, it teaches that Truth will win the majority of the races in which he is entered It has been the office of some men to assist Truth in getting on his boots. They have tugged at his boot straps, lifted him over fences and started him across country to win a sure race, for his staying qualities, when he gets a-going. are those of a tireless athlete.

The physician of the future will search for truth with a more penetrating gaze, because he will come to his professional studies with a better education and more scientific adaptability. He will demand of organ and function, whether normal or pathological, more light. He will learn to put aside tradition and grossness in therapeutics and other treatments and dispense as an unbiased judgment will dictate. He is the doctor who comes next. But when he comes up towards the close of well-spent industrious and honest life to receive his loving-cup as a token of appreciation, his type will have been strongly foreshadowed in the person of Doctor Jones.

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Correspondence.

RETURNED FROM THE CHASE.

Editor Mdical Century: To the overworked doctor who especially needs rest when the heated season has taxed his physical endurance well nigh to the limit, no place offers such seductive attractions for those who love Nature in her undefiled condition, as does the northern wilds of Canada.

I joined a sportsmans' club in the Province of Quebec; a club controlling two hundred and fifty square miles of forest inhabited by a sparse collection of red men. The preserve is fringed by limpid streams and deep lakes where salmon and trout thrive and are only disturbed by club members. I found moose there in abundance and the bulls respond in the rutting season to the plaintive, yet fictitious call of the expert, who is au fait with the birch bark trumpet. The hunting where I enjoyed my vacation the present season is done from the canoe, so that fatigue is not a necessary part of one's outing. The doctor who enjoys a communion with Nature will make no mistake by taking a respite from labor once a year in Canadian wilds.

Fraternally,

C. S. Eldridge.

P. S.—Our party bagged three moose.

C. S. E.

BRITISH HOMŒOPATHIC ASSOCIATION.

43, Russell Square, London, W. C., Oct. 15, 1907.

To James H. McClelland, Esq., M. D., Sc. D.
Pittsburg, Pa.

My Dear Sir: I have the greatest pleasure in conveying to you, and, through you, to the other honorary vice presidents in America, the very hearty thanks of the Council of the British Homœopathic Association, for the practical interest and sympathy you have shown in the work of the Association.

The Council meeting, which was held on Oct. 7th, is the first that has taken place since the receipt by Dr. Burford of your letter and the donation.

Not only have you sent us a valuable addition to our funds at a time when that addition is of material help, but the good will implied in the gift, and, still more, your encouraging words, makes us feel that we have in our friends in America a great moral force. A force, that further strengthens our determination to go forward and place Homœopathy in Great Britain on the same footing as you have placed it in the United States of America.

I have the honor, sir, to be

Yours faithfully.

Charles Stewart, Hom. Sec., B. H. A.

The above letter was in response to the contribution to the honorary vice presidents of the B. H. A. those elected at the "Hands Across the Sea" Dinner at Atlantic City, in 1906. Each honorary vice president contributed 5 guineas to the work of the Association through Dr. McClelland.

Examining Board Meetings in December.

California, December 3, Los Angeles.

Maryland (Homœopathic), December 3, Baltimore.

Pennsylvania, December 3-6, Philadelphia.

Delaware (Allopathic), December 10, Dover.

Delaware (Homœopathic), December 10, Wilmington.

Oklahoma, December 10-11, Guthrie.

Ohio, December 10-12, Columbus.

Iowa, December 10-12, Des Moines.

Maryland (Allopathic), December 10-13, Baltimore.

Virginia, December 10-13, Staunton.

Kentucky, December 17, Louisville.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

The Homœopathic Medical Society of the County of New York, celebrated the fiftieth anniversary of its existence with a "Jubilee Dinner" at the Hotel Astor on Monday evening, November 11, 1907. About 250 physicians with their relatives attended. Dr. Walter Sands Mills, president of the Society, presided. At his table sat the guests and speakers of the evening, among whom were two charter members of the Society, Dr. John McE. Wetmore and Dr. Palmer. These gentlemen have been continuously members throughout the half century of the Society's existence. Dr. Wetmore spoke interestingly on the struggles and persecutions encountered by the pioneers of the science in the early days. Other speakers were Congressman Olcott, from the 15th District of New York; Hon. R. W. Hebbard, Commissioner of Public Charities of New York, and the Rev. John Haynes Holmes, of the Church of the Messiah.

The medical part of the program was well sustained by Dr. Emily V. Pardee-Disbrow, who, in a happy vein, captivated the audience by her humor and well sustained the woman part of the Society and the profession of New York. Dr. Royal S. Copeland, of Ann Arbor, Michigan, president of the American Institute of Homœopathy, spoke ably as a looker-on of things medical in New York. Among other things, he said the profession of New York were not living up to their opportunities, that with 2,000 patients daily in the hospitals of one school in greater New York, she should possess the greatest homœopathic medical school in the world, unsurpassed by any other in faculty or number of students. The Doctor also urged upon the New York physicians to take greater interest in the American Institute of Homœopathy.

Dr. DeWitt G. Wilcox, of Buffalo, formerly president of the State Society, was the last speaker, and his remarks scintillated with his usual combination of wit and wisdom.

The banquet was superb and the gathering was of that brilliancy that is only to be found in the great medical center of America.

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The Library.

BOOK REVIEWS.

A Treatise on Diseases of the Skin.

For the use of advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth edition, revised. Handsome octavo of 1150 pages, with 267 text illustrations, and 34 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $6.00, net; half morocco, $7.50, net.

It seems only a short time since we reviewed the fourth edition of this excellent work, and this fact alone shows its great popularity and worth. New matter has been added, and especially have the diseases of the tropical climates been elaborated. There are fifteen new illustrations. It is a handsome volume, and deals with the subject in its completest sense without any redundancy.

The Operating Room and the Patient.

By Russell S. Fowler, M. D., Professor of Surgery, Brooklyn Post-Graduate Medical School, Brooklyn, New York. Second edition, enlarged. Octavo volume of 284 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2.00, net.

This, the second edition of this work, has added to it several chapters on general considerations on the after-treatment and also dealing with wound complications, which, added to the excellent matter and arrangement of the first edition, makes it one of the best works on the subject.

A Text-Book of Physiology:

For Medical Students and Physicians. By William H. Howell, Ph. D., M. D., LL. D., Professor of Physiology, Johns Hopkins University, Baltimore. Second edition, thoroughly revised. Octavo volume of 939 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $4.00, net; half morocco, $5.50, net.

No fundamental changes appear in this edition, indeed the completeness and excellence of the first edition precludes this. However, there have been made the necessary additions and changes to keep the work abreast of the times; but the additions have been counter-balanced by elimination of all material that could be spared, so the work remains practically of the same size. It is and will always remain a standard work on the subject.

A Manual of the Practice of Medicine.

By A. A. Stevens, A. M., M. D., Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania. Eighth edition, revised. 12mo of 558 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible leather, $2.50, net.

Little can be said of this work now appearing in the eighth edition except the old story of revision and addition to bring it to date. Especially has the section dealing with diseases of the nervous system been rewritten. It is the same charming, useful manual as ever, and its popularity is ever increasing.

The Pancreas: Its Surgery and Pathology.

By A. W. Mayo Robson, D. Ss. (Leeds), F. R. C. S. (Eng.), of London, and P. J. Cammidge, M. D. (Eng.), D. P. H. (Camb.), of London. Octavo volume of 546 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00, net; half morocco, $6.50, net.

This is a new work on diseases of the pancreas especially with reference to its surgery. It deals in an exhaustive way with all that is known of that organ, and will make a necessary complement to the library of the abdominal surgeon. The illustrations are clear, and the Saunders's excellence of the book making part is one of the features of the work. It represents the most complete work on the subject extant, and we cannot conceive of a surgeon who is abreast of the times not possessing it.

A Text-Book of the Practice of Medicine.

By James M. Anders, M. D., Ph. D., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eighth revised edition. Octavo of 1317 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50, net; half morocco, $7.00, net.

This is the eighth edition of Anders, and in accordance with the thoroughness of that author it has been completely revised and brought into consonance with the very latest on internal medicine. The differential diagnosis of diseases has been elaborated, the classification of diseases improved, and several new chapters almost wholly rewritten. The rarer tropical diseases have received much attention. It would be without the province of this notice to mention all the improvements, they are sufficient, however, to make the edition more desirable than any of the former editions, and no one, no matter to what school of medicine he belongs, will make any mistake in procuring it. It represents modern internal medicine, not of yesterday, but of to-day.

A Text-Book of Clinical Anatomy: for Students and Practitioners.

By Daniel N. Eisendrath, A. B., M. D., Clinical Professor of Anatomy in the Medical Department of the University of Illinois (College of Physicians and Surgeons), Chicago. Second revised edition. Octavo of 535 pages, with 153 illustrations, a num-

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ber in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00, net; half morocco, $6.50, net.

This is a most useful work for the practicing physician. It forms a bridge between the anatomy of the college years and the general clinical anatomical necessities of the general practitioner. To the student it is invaluable, and the handsome and unique illustrations quadruple its value. The text of the first edition has been revised, and a number of new illustrations added. It is really in itself a fine diagnostic aid. We cannot commend the work too highly.

Diseases of the Genito-Urinary Organs and the Kidney.

By Robert H. Greene, M. D., Profesor of Genito-Urinary Surgery at the Fordham University, New York, and Harlow Brooks, M. D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00, net; half morocco, $6.50, net.

This new work on diseases of the uro-genital tract is a practical treatise on these affections, and is the result of the practical experience of the authors. In fact, its key-note is practicability. Being the combined work of a physician and a surgeon, nothing is omitted, and the literature of the subject has furnished many useful suggestions which have been incorporated. The most important conditions have received the greatest attention, and the work is one of great value.

The Diagnosis and Treatment of Diseases of Women.

By H. S. Crossen, M. D., Washington University. 700 illustrations. $6.00. C. V. Mosby Medical Book and Pub. Co., St. Louis, Mo., 1907.

This is one of the most attractive works on gynæcology that we have ever seen. It simply consists of the two most important topics in the whole field, diagnosis and treatment, and these are presented in a clear and systematic way, well arranged and not encumbered by any confusing statements. We do not know of any work so profusely and handsomely illustrated. Indeed, through the courtesies of such publishers as Saunders, Wood, Blakiston, Appleton, Lea and others the fine illustrations of nearly all the works known are reproduced, but there are very many original and unique illustrations. It seems to us to be a fine work on the subject, and one that should come to the front as a text-book.

A Text-Book of Physiological Chemistry.

For Students of Medicine and Physician. By Charles E. Simon, M. D., Professor of Clinical Pathology in the Baltimore Medical College. New (3d) edition. In one octavo volume of 490 pages. Cloth, $3.25, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This excellent work is adapted to the wants of the student and practitioner and as a guide to the lecture room and laboratory. It is an authoritative work. It considers the chemistry of the food stuffs, their digestion, assimilation, metabolism and excretion. The arrangement leaves nothing to be desired, and this, the third edition, brings all the subject matter up to date, eliminates theoretical discussions and presents fundamental facts.

Double Anatomical Chart.

By G. H. Nichel, M. D., Cleveland, Ohio.

A very valuable adjunct to the teaching of anatomy, well conceived, accurate and a fine thing not alone for students but also for practitioners of medicine. It simplifies the subject and makes it interesting.

International Clinics Vol. III.

Seventeenth Series. J. B. Lippincott Co., Philadelphia, 1907.

A volume full of valuable essays by leading authors and up to the always high standard of the well known series.

A Manuel of Clinical Diagnosis by Microscopical and Chemical Methods.

A Manual of Clinical Diagnosis by Microscopical and Chemical Methods.
For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M. D., Professor of Clinical Pathology in the Baltimore Medical College. Sixth edition, revised. Octavo, 682 pages, with 177 engravings and 24 colored plates. Cloth, $4.00, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This is the 6th edition of this well known work. New material has been introduced and everything not practical has been eliminated. The chapter on the blood has received the most attention, it having been enlarged and brought up to date. A new chapter on opsonins has been added, a subject of recent great importance. It gives a clear explanation of the theory and the best tecnique. The work is handsomely illustrated by carefully prepared plates and up to date apparatus It is undoubtedly the best work on the subject.

Diseases of the Rectum.

By W. C. Brinckerhoff, M. D., Chicago, Ill. Orban Publishing Co., Chicago, Ill., 1907. Price, $2.00.

This is a work of some 200 pages devoted to diseases of the rectum, and especially to the injection method of treatment for hæmorrhoids and the nervous reflex conditions of these diseases. It is a work based on an extensive experience and observation in this special line of work.

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Miscellany.

TOO MANY PHYSICIANS AND SURGEONS BREAK DOWN FROM OVERWORK.

BY C. D. ELDRIDGE, M. D., CHICAGO, ILL.

Please stand upon the brink and look down into the vortex where physicians and surgeons are toiling to abate the sufferings and save the lives of afflicted and mangled humanity. The devoted men and women of the profession work indefatigably not to build up colossal fortunes for a loyal clientele, but labor that people may live and enjoy life. They respond to the call of millionaire and pauper, and do not sit back before entering upon service and stoically demand a retainer ere essaying doing skilled labor that long and assiduous study has equipped them to perform. They respond to all classes of people wrecked by illness or shattered by injury. The medical and surgical practitioners, acutely sensitive, listen to appeals of sweet charity that asks its mite wherever civilization reigns. I have yet to see the profound thinker practicing either medicine or surgery who is not touched by appeal of a worthy poor applicant for relief; by those who are impecunious yet feel the need of seeking the rarest skill obtainable, doubtless feeling that the poorest and those most dependent, have as sacred a right to be saved, to be delivered of disease, as the rich and the so-called royal.

In no profession is more consideration shown for those who seek aid and cannot pay for the same than is daily exhibited by practitioners of medicine and surgery. The lawyer must have a liberal retainer, a mortgage on a client's home, or he will not listen to the appeal of an unfortunate enmeshed by the law. Not so with physicians and surgeons. When called upon by the needy poor suffering with torn body or mind they are tenderly cared for at home or in some eelemosinary institution, where cultured aid is given and the compensation becomes an after consideration. Is there a sweeter exhibition of noble charity to be seen anywhere on this broad earth than the exquisitely conducted clinics, medical and surgical, daily seen in the hospitals and colleges where genius proffers its aid to sick and depressed people who appreciate skill the physician or surgeon possesses, but destiny has not permitted them means ample to obtain through the regular business channel when the stress of circumstances brings these unfortunates to a sense of their needs overtaken by illness or injury? The spiritual adviser caters to spiritual wants, but physicians and surgeons soothe the minds of the afflicted by correcting injuries and combatting ailments that never fail to harass the mental sphere. The conscientious benefactors, the philanthropists, found in medical and surgical ranks devoted to these exacting tasks often become through unremitting labor in season and out from sheer overwork, fit subjects for the tender nurture and admonition of a wise and helpful brother practitioner. Usually the man who breaks down in harness is the one who toils all day in office or at the bedside, and then sits in the library engowned and slippered perusing some enchanting medical or surgical article, forgetting the hours the mental sphere is being taxen, after working all day, and is only admonished that nature's laws are being disregarded, as sleepy feelings feebly present their claims. I believe too much midnight oil is annually being consumed when the doctor clings tenaciously to his book after he should be lost in sweet repose. I venture a bit of advice to the medical and surgical practitioners of the country, viz., partake of more sleep and oftener enjoy a vacation. Some twenty-five years ago I collapsed from overwork. Being reduced in weight, as I discovered, passing from two hundred and thirty-one pounds to one hundred and forty-seven, I awoke to the necessity of finding some way to stop my loss of strength and adipose. I consulted "brother chips," those I deemed the wisest, and was advised to take a long vacation, and after resuming work to take vacations often. The mountains proved to be my salvation. Annually, when the proper time comes, I drop the cares and responsibilities of professional life and seek a secluded nook in the Rockies or Canadian wilds, and there study nature and her wonderful methods of accomplishing things. The pure air and water, and the quietude of mountain fastnesses, permit me to enjoy myself and speedily recuperate lost energies. Practitioners, do not wait until broken in health before taking a vacation. It is less expensive to often take a brief vacation than to be forced upon one that proves to be a long and painful affair. "A burned child fears the fire," and the wise doctor who has once broken down from overwork, promptly bows to significant warning and takes needed rest. A few days are all sufficient to resuscitate jaded energies, so leave town when you are tired, as the wise and skillful Dr. Senn, of our city, does.

Ergot in Pneumonia.

For twenty-seven years, the entire length of my professional life, I have treated pneumonia successfully. My main reliance has been Aconite, Veratrum and Ipecac. This is similar to the course advised by all specific prescribers; but in addition to these remedies, I almost invariably use Ergot in large doses.

The indications for Aconite, Veratrum and Ipecac are too well known to necessitate their repetition here. But few doctors, I think, are aware of the fact that Ergot, in from twenty to thirty minim doses repeated two or three times, as needed, will rescue many a patient from an untimely grave.

The case in which this remedy seems to be more directly indicated are those in which, from profound congestion and engorgement of the lungs, there is cyanosis. I have relieved these a number of times when the most active measures were being used by other physicians to remove the cyanosis and dyspnœa, even when they were pronounced hopeless by experienced physicians. The marked influence of Ergot given in this manner will certainly be a revelation to those who have not used it. (Lambert.)

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They're Really Never Missed.

It goes without saying that the doctor, of all people, is the least certain in the matter of keeping appointments. He mostly always "gets there" but sometimes he doesn't. When the sometimes becomes nearly always, we are apt to wonder why and to think that perhaps the—well, we were going to say the absence might possibly be premeditated.

Some society programs look wonderfully good up to the time of the meeting because of the names of famous men printed thereon—but, alas! when the meeting time comes only the names are there, the owners thereof are not and many times nought. One of the times when the busy doctor should drop his business is when he is advertised to read a paper before a society. If he only knew, and possibly he does know, his stock falls several points every time he absents himself in such circumstances. It's really a case of false pretense and should be indictable as such. And the worst and best of it is that usually the deficiency is very acceptably made up by some bright and present member of the society. It's worst for the defaulting member but best for the society. And usually, too, that provided on the spur of the moment is fully as interesting as would be the usually long and heavy and tedious paper of ten times purloined from text books for the delectation of the "contributing colleagues." But it's fortunate that most always there's some one with a clinical case handy or a bright discussion on tap so that the man who defaults is "really never missed."

H.

A New Food Product.

Meatox is the latest applicant for medical favors introduced by the well known chemist, Mr. Charles Marchand. As with all of Marchand's preparations, and every one knows his Hydrozone and Glycozone, ethical considerations, are always in the forefront, and he wishes nothing accepted except upon real merit. The following is the analysis of Meatox:

Moisture	4.80
Celery flavoring (residue from alcohol extract)	2.21
Sodium chlorid	4.56
Proteid matter	73.54
Insoluble matter	9.43
Total	94.54
Ash	4.96
	99.50
Loss	.50
	100.00

It is hardly a meat extract, but it represents more food value. It seems to be an easily digested, assimilated and sustaining preparation. It looks to us to be a very nice, palatable and efficacious way of administering food. In other words, it looks good to us, and we intend to give it a trial. It certainly has not the objections of many other food products.

Significant Statistics Shown.

Attacked by the statement that two per cent. of the children in the New York City schools are mentally deficient, we looked up the article quoted. It was written for the American Review of Reviews by Dr. J. J. Cronin, of New York City, and is entitled, "The Doctor and the Public Schools." It deals chiefly with the subject of medical examinations of school children and their supervision by physicians and trained nurses. Medical inspection of schools in New York City began in 1897, and a corps of trained nurses was engaged in 1901. The examinations from which the report under discussion were made occurring during the period from March 27, to September 29, 1906, so that they were made not by men and women new to the work, but by those who had had several years of experience. The summarized report is as follows: 99,240 children were examined; 65,000 of these need medical treatment; 30,000 have bad sight; 40 000 have bad teeth; 10,000 have adenoids; 16,000 have some heart lesion; 10,000 have some lung lesion of a tubercular nature; 2,000 have physical deformities, while 2,476 are mentally deficient. Of these latter all but 100 have physical defects which can be remedied. Of the entire 99,000 about 40,000 are below their proper grades.

That's rather a startling array of figures, isn't it? It looks as though our country should be placed on a basis similar to that of China, where the physician is paid only when his patron is well. It is altogether probable that the New York figures are higher than those of other cities for local reasons. Still there can be no question but that there is a decided need for the maintenance of a corps of medical inspectors for schools in every city. Fortunately the movement for the employment of such officers has become quite general.

H.

Dr. S. R. Stone, one of Wisconsin's most prominent and successful homœopathic physicians, was married on September 30th to Miss Ella May McKenzie. They will make their home in Rhinelander, Wisconsin. Accept the congratulations of the Medical Century.

So great has been the demand, that W. B. Saunders Company, the medical Publishers of Philadelphia and London, have found it necessary to issue another revised edition of their illustrated catalogue of medical and surgical books. In looking through the copy we have received, we find that since the issuance of the last edition six months ago, the publishers have placed on the market some twenty-five new books and new editions—truly an indication of publishing activity. The colored insert plate from Keen's new Surgery, which enhanced the value of the former edition, has been replaced by a new one from the second volume of the same work, and this alone gives the catalogue a real value. A copy will be sent to any physician upon request.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.
J. RICHEY HORNER, A. M., M. D. . . . . Associate Editor.

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DECEMBER 1, 1907.

Editorial.

WHEN DUTY CALLS.

In looking over the annual announcements of our Homœopathic Colleges for 1907-08, we can find ample evidence that the homœopathic physicians throughout the country are not doing their duty to the cause of Homœopathy. Nearly every physician of our school is familiar with the fact that the demand for homœopathic physicians is not nearly being supplied. All our periodicals have time and again called attention to this fact, and scarcely one of them appears each month without publishing locations in need of a homœopathic physician.

Take the great States of New York, Pennsylvania, Ohio and Illinois. Each of these States has practicing within its borders over 1,000 homœopathic physicians, in all about 5,000 physicians. The announcements of our colleges show that during the sessions of 1906-07 there were matriculated from these States students as follows: New York, 153; Pennsylvania, 147; Ohio, 63, and Illinois, 105, or a total of 468 students. This is less than one student for every ten physicians. Of these 5,000 physicians in these four great States, at least 4,000 are indifferent, they are in good, paying practices and probably have in their clientele hundreds, yes, thousands, of young men and women to whom the mere suggestion of the study of homœopathic medicine, or the giving them of some book or tract on the subject, would lead to its investigation and possibly to its adoption as the life work of the individual. But this is not done. We know too, of students in old school colleges whose families have always employed homœopathic physicians, and they are in the allopathic schools because the family physician never approached the subject to them from the homœopathic standpoint.

The same proportion of students to physicians obtains in most of the other State. In some of them it is worse. Louisiana, Alabama, Idaho, Nevada, North Carolina, North Dakota, Oregon, South Carolina sent no students to homœopathic colleges in 1906-07. Arizona, Colorado, Georgia, Montana, New Mexico and Wyoming sent but one each. Florida, New Hampshire, Oklahoma, Tennessee, Utah and West Virginia sent but two each. Here then are 20 States with nearly 1,000 homœopathic physicians within their borders, and hundreds of locations yawning for physicians of our school, sending to our colleges but 18 students in 1906-07!

The States that seem to be doing the best in furnishing students are Iowa, which sends one student to every 6 physicians; Kansas, sending one for every 5 physicians; Mississippi, however, the State having the least number of homœopathic physicians, carries the banner, as there was one student matriculated from that State to each homœopathic physician.

Of course it does not follow that physicians are responsible for the matriculation of all our students, but it is reasonable to suppose that a student's attention to Homœopathy must have been due to his contact with the devotees of the system in some way.

There are at least 12,000 homœopathic physicians in the United States who are not doing their duty, and as we are reading a lecture to these we are willing to state what our conception of that duty is. In the first place it is to keep awake and know what is going on in the school at large, not to consider that their whole duty is to attend to their practice and occasionally attend some medical gathering and tell each other what the needs of Homœopathy are. This is talking to yourselves. You should furthermore keep awake to the fact and always bear in mind that in your practices are plenty of bright boys and girls, attending the high school, perhaps, that as yet have no fixed idea as to what career they are to embrace. A word dropped to the parents, a suggestion that such a one would make a good doctor, will often bear good fruit. There is no doubt whatever that if every one who reads this, would make a mental memorandum of the young men and women he knows who have not yet decided their life work, and enter upon a campaign to get these into homœopathic medicine, the result would be surprising.

Our colleges were never better equipped than at the present time, and it does not require any greater study or preparation for the study of medicine than for any other scientific career. The field of homœopathic medicine offers better inducements today than any other career a young man or woman can choose. It is up to the physicians of our school to make this known, and it is their duty to make it known rather than to have the information that should come from them, furnished by the physicians of the allopathic school, who are constantly complaining of an overcrowded profession. Their profession is truly overcrowded, but this makes all the more room for the well equipped, educated homœopathic physician.

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PAST INSTITUTE MEETINGS.

Of the past ten meetings of the American Institute of Homœopathy eight have been held east of the centre of population of the United States, and two meetings have been held in the West.

Looking at the comparative attendance of, for instance, New York City and Chicago in these meetings we find that New York City in the western meetings of Chicago and Omaha averaged fifteen members in attendance. In the eight eastern meetings Chicago averaged an attendance of twenty-three.

In the western meetings Chicago averaged a membership of over eighty, and in the eastern meetings New York's average was about forty.

This shows, firstly, that the West in general furnishes a better attendance to the Institute than the East, for in all ten meetings Chicago's average attendance was about thirty-five, and that of New York twenty-nine.

We have heard some discontent expressed as to the selection of Oklahoma City for the place of meeting for 1908. We cannot expect, it is said, a large attendance from the East. This is probably true, for when New York City cannot send more than sixteen members to Chicago and fourteen to Omaha we cannot expect New York to send to Oklahoma City, which is a little over 200 miles further off than Omaha, a very large delegation; but this great loss of New York City attendance will be offset by the attendance from St. Louis and Kansas City, and it is not at all likely that Chicago's attendance will fall below the average. Of course, there are the cities of Boston and Philadelphia to be reckoned with; but as to the latter place very few attend the Institute unless it meets in their door-yard. The average attendance from Philadelphia in the seven years that it met elsewhere than in Atlantic City and Washington was nine.

What does all this prove? That the Institute attendance does not come from the large cities, that when New York could only send nineteen to Jamestown, Chicago fifteen, and Philadelphia twelve, we need not fear of a poor attendance in Okalhoma City, and it is our opinion that the talk of hotel incapacity had better come from that section of the country which will furnish the attendance. A side-tracked Pullman would have accommodated all that went to Chicago, Cleveland or Omaha from the Metropolis. The great Southwest expects us, and will give us a glad welcome and a ride over the asphalt streets of that wonderful young city, will broaden the vision of everyone who attends. Besides from what we hear there is going to be something surprising in the way of attendance and new members. We are for Oklahoma City first, last and all the time.

THE THIRD DEGREE.

That the spirit of altruism is one of the characterizing elements of the age goes without saying. Everywhere is manifest the tendency of the present day generation of employer to make the life of the employe more bearable. This is particularly the case in the large stores and factories where lunch rooms, rest rooms and libraries are the rule rather than the exception. This good work is not confined to the law abiding classes. We can find in almost every community the effort to better the surroundings and conditions of those who have transgressed the laws.

Recently an effort has been made in one of the great cities to abolish that relic of barbarism, the third degree. It is not necessary to go into details as to the meaning of this term. It is familiar to every newspaper reader in the country, as it is frequently practiced in the police circles. Frequently, too, the innocent person under suspicion is put through its torture to come out perhaps a nervous wreck. It has been claimed that it is justified on the ground that at times no other methods will give the desired results, the wringing of a confession from the guilty; on the other hand, it has been proven that the horrors of the third degree have more than once been the cause of the acquiescence of a suspect in the suggestive story of his prosecutor when there was absolutely no other reason for such acquiescence than the desire for deliverance from torture. Hence come the protests against its use and the desire to find a substitute.

Professor Hugo Munsterberg, of Harvard's department of psychology, offers a solution of the problem. He suggests a selective method which will act on the guilty and at the same time leave the innocent unaffected. This, in theory, is the role of the third degree, but, as practiced in many cities, it is carried to such an extent that innocent and guilty alike are unable to withstand its terrible suggestiveness, and the story told may be the actual truth or may be purely the effect of suggestion, having no real foundation in truth.

The basis of Prof. Munsterberg's plan is the association of ideas. For centuries a study of these mental phenomena has been made, but only recently have we come to inquire systematically into the laws and causes of these mental connections. It is simply seeking for the reason why the mention or sight of one object should call to the mind some other object closely to remotely related. Experimental psychology to-day holds a place prominent in the curriculum of the university.

To this is to be attributed the development of this new method of detection of crime and the criminal. The principles of the method are thus described in the professor's article, which appears in the October McClure's, and is reviewed in the Literary Digest for October 26th. We quote verbatim:

"Suppose that both my subject and I have little electrical instruments between the lips, which, by the least movement of speaking, make or break an electric current passing through an electirc clock-

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work whose index moves around a dial ten times in every second. One revolution of the index thus means the tenth part of a second, and, as the whole dial is divided into one hundred parts, every division indicates the thousandth part of a second. My index stands quietly till I move my lips to make, for instance, the word 'dog.' In that moment the electric current causes the pointer to revolve. My subject, as soon as he hears the word, is to speak out as quickly as possible the first association which comes to his mind. He perhaps shouts 'cat,' and the movement of his lips breaks the current, stops the pointer, and thus allows me to read from the clockwork in thousandth parts of a second the time which passed between my speaking the word and his naming the association. Of course, this time includes not only the time for the process of association, but also the time for the hearing of the word, for the understanding, for the impulse of speaking, and so on. But all these smaller periods I can easily determine. I may find out how long it takes if my subject does not associate anything, but simply repeats the word I give him. If the mere repetition of the word 'dog' takes him 0.325 second, while the bringing up of the word 'cat' took 0.975, I conclude that the difference of 0.650 was necessary for the process of associating 'cat' and 'dog.'"

The practical application of the method may be only briefly summarized in these columns. A list of, say, one hundred words is prepared. Of these seventy are what might be called innocent words, the other thirty are words selected because of their peculiar relation to the crime committed. For instance, to quote from the article partially, a murder has been committed, the victim, a woman, being found dead in her bed, near which hangs a cage containing a canary bird. Several words bearing upon this fact occur in the list. The word "bird" may bring to the mind of the suspect under examination the word "canary." He may or may not say this word. If he does, it would count against him. If he substitutes another word, as "sparrow," the time elapsing either between these two words or between the two following words will, in the guilty suspect, be almost invariably longer than between two words, either innocent or near innocent words, showing that the guilty suspect realizes the danger to him of betraying any knowledge of the presence in the room of the victim of a canary bird, and the necessity of avoiding mention of such.

Again, if the same list is used a second time with this same suspect, it will be found that the guilty person will repeat the words formerly associated with the innocent words, while those associated with those words relating to the crime will be found to be altered in many instances. There is here an intentional effort on the part of the guilty to hide his real thoughts, and the time register shows that such an effort has been made, this being an additional count against him in addition to the mere fact of the change having been made.

Lack of space forbidding a fuller discussion of the psychological phase of this very interesting problem, a simple example from a number quoted will show the methods pursued in making deductions from an examination actually made:

"An educated young man of eighteen lived in the house of an uncle. The old gentleman went to consult a nerve specialist in regard to some slight nervous trouble of the younger friend. On that occasion he confided his recent suspicion that the young man might be a thief. Money had repeatedly been taken from a drawer and from a trunk; until lately he had sad suspicions only of the servants; he had notified the police, and detectives had watched them. He was most anxious to find out whether his new suspicion was true, as he wanted, in that case, to keep the matter out of court, in the interest of the family. The physician, familiar with the new psychological methods, arranged that the young man come for an examination of his nerves. He then proposed to him a list of a hundred associations as part of the medical inspection. The physician said 'head,' the patient associated 'nose;' then 'green'—'blune,' 'water'—'air,' 'long'—'short,' 'five'—'six,' 'wool'—'cloth,' and so on, the average time of these commonplace connections being 1.6 seconds. But there were thirty-seven dangerous words scattered among the hundred—words that had to do with the things in the room from which the money was abstracted, or with the theft and its punishment, or with the word 'thief.' The association 'burglar' seemed quite natural, but it took the boy suddenly 4.6 seconds to reach it. In the same way 'police'—'theft' took 3.6 seconds. 'jail'—'penetentiary' 4.2 seconds. In other cases the dangerous word itself came with normal automatic quickness, but the emotional disturbance became evident in the retardation of the next word. For instance, 'key'—'false key,' took only 1.6 seconds, but the following trivial association 'stupid'—'clever,' grew to 3.0 seconds. 'Crime'—'theft' same again promptly in 1.8, but the inner shock was so strong that the commonplace word 'cook' was entirely inhibited and did not produce an association at all in 20 seconds. In the same way 'bread'—'water' rushed forward in 1.6 seconds, but this characteristic choice, the supposed diet of the jail, stopped the associative mechanism again for the following trivial word. It would lead too far to go further into the analysis of the case, but it may be added that a repetition of the same series showed the characteristic variations in the region of the suspicious words. While 'crime' had brought "theft' the first time, it was the second time replaced by 'murder;' 'discover' brought the first time 'wrong,' the second time 'grasp.' In the harmless words there was hardly any change at all. But, finally, a subtle analysis of the selection of words and of the

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retardations pointed to sufficient details to make a clear diagnosis. The physician told the young man that he had stolen; the boy protested vehemently. Then the physician gave him the subtle points unveiled by the associations—how he had brought a watch with the money and had given presents to his sister; and the boy confessed everything, and was saved from jail by the early discovery. The brutalities of the third degree would hardly have yielded such a complete result, nor the technicalities of legal evidence either." H.

EDITORIAL BREVITIES.

Tempting the Grim Reaper.

It's a newspaper story, and perhaps exaggerated, perhaps not, but where there's smoke there's surely a little fire. The story is bad enough even if it is based on only a very small modicum of truth.

Some time ago some officials of a certain great transcontinental railroad were aroused by critisisms concerning the great number of wrecks occurring on their road, and determined to make a quiet little test on one of the divisions. They stationed themsevles in a signal tower which controls a section of the block system. Then they darkened the signal lights, thus indicating that the tracks were not clear. Twenty-five trains passed the station while the officials maintained their quiet watch. Of these twenty-five trains only one train was stopped in recognition of the signal of danger ahead. Four of the trains were passenger trains, and only two of these slackened speed, the others tore past the target in reckless disregard of what might be in store farther along the track.

That there frequently is something in store is shown by the figures just published by the Interstate Commission for the year ending June 30th last. They show that the record for fatalities is almost 20 per cent. greater than last year, the number of persons killed being 5,000. In addition to these 76.286 persons were injured. What's the reason for this appalling condition? Well, they say the standard make of steel rails is defective, the steel is made in too great a hurry, and consequently is easily broken. A number of reasons are given, but among them it is not said that railway employees get careless. "Familiarity breeds contempt." The average employe faces danger and death so constantly that he grows careless and does not take the proper precautions, often disobeying orders, as is shown by the test herein noted.

A fine opportunity for discipline you say. Surely so, but this experiemnt was made at only one place, and it is fair to believe that there are others.

There is only one solution of the trouble. Engines and motors should be equipped with aparatus insuring automatic stopping of trains and cars when track conditions are not right. It can be done. It must be done if the present destruction of life in railroad accidents is to be avoided.

How Not to Recognize Disease.

Very appropriate is this title of an article in the October Dietetic and Hygienic Gazette. It deals with the fact that too often the doctor is prejudiced in his diagnosis of a diseased condition by what he has heard the family and friends say of it. The author gives an instance coming under his own observation where a fellow physician was called late at night to see a patient said to be dangerously ill. He was waylaid on his arrival at the house and told by the husband and mother of the patient's having eaten fish, which the mother declared was tainted, hence they had already diagnosed the case as one of ptomain poisoning. The physician found his patient suffering greatly with nausea, vomiting, cramps in the legs, abdominal pain and tenderness, the pulse being feeble and rapid. He at once gave an opiate and calomel and all the other things the average old school doctor gives to clear out the intestinal tract. And the patient slept.

Next day the satisfied doctor was called again, patient much worse, more pain, more distress. And after more opiate, etc., etc., the patient again slept, but with her fathers. She wakened again no more in this world. And what did the autopsy show? A ruptured appendix, which had been full of pus.

Clinical diagnoses are risky. They should never be made. Only after an actual physical examination should we give an opinion as to a pathological condition, and, where possible, this physical examination should be supplemented by the microscope and the test tube.

Another Recognition.

The British Journal of Homœopathy has placed on the front page of its cover, as a permanent feature, a cut of the Hahnemann monument, splendidly executed. This is decidedly complimentary to the monument and to American Homœopathists.

Death of Dr. Charles Mohr.

Dr. Charles Mohr, the well-known genial Philadelphian and professor of Materia Medica in the Hahnemann Medical College, of Philadelphia, died on October 30th.

Dr. Mohr was one of the most prominent physicians of our school in the Quaker City. He was born in 1844, graduated from the Hahnemann College of Philadelphia, in 1875, and occupied the chair of Materia Medica in his Alma Mater for the past twenty years. He was a prominent figure at the Institute meetings, and was a member of the trustees of the Institute of Drug Proving and its secretary until his resignation, last June. His loss to Homœopathy is a great one, as he was one of the best teachers of Materia Medica in the United States. He was gentle and gentlemanly and none knew him but to respect, admire and love him.

The Pittsburg Homœopathic Hospital.

With all the impressiveness and pageantry of the Masonic ritual the corner-stone of the new hospital was laid October 12th. The estate upon which the buildings are to be erected covers five acres, situ-

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ated in the heart of Pittsburg's fashionable East End district, and was purchased at a cost of $135,000. The ceremonies incident to the occasion were witnessed by more than fifteen hundred persons, which fact speaks well for the popularity in Pittsburg of Homœopathy. The exercises were brief, and were in charge of Dr. J. H. McClelland, who is the leading spirit in all the work of our school in his city.

The hospital has been in existence about forty years, and during that time nearly half a million persons have received its benefits.

The new building will cost a quarter of a million of dollars, and will be five stories high. It is the aim of the trustees to make this the centre of a group of buildings, which, together, will make one of the largest homœopathic hospitals in the world. The building under construction will be ready for occupancy next summer.

Editor's Table.

GENERAL NOTES.

Dr. J. U. Hartman, Findlay, Ohio, has gone to New York for the purpose of taking post-graduate work along general lines, though expecting to pay attention to surgery in its various departments. We predict for him success.

We note the death recently of the wife of Dr. T. P. Wilson, of Detroit. Mrs. Wilson was a sister of Dr. D. H. Beckwith, of Cleveland, Ohio, and was a worthy companion for her very versatile and brilliant husband. Dr. Harold Wilson, of Detroit, is a son. The death of Mrs. Wilson leaves Dr. Beckwith the only surviving members of his family. Our sympathies go out to husband, son and brother.

Dr. B. E. Miller, Portland, Oregon, has been spending the past two months in the East. On his way home he stopped in Cleveland to attend Dr. Jones's loving cup banquet, and was, later, the guest of his classmate, Dr. L. K. Maxwell, of Toledo. Dr. Miller is one of the leading surgeons of his home city.

His friends will be glad to know of the almost complete recovery of Dr. C. E. Sawyer, of Marion, Ohio, who has been seriously afflicted for the past year. Men like Dr. Sawyer are too valuable to lose, and we are hoping that he may be spared many years to continue the good work he has been doing.

The regular meeting of the Northwestern Ohio Homœopathic Medical Society occurs, December 15th, at Toledo. We bespeak a large attendance, for the meetings of this thriving organization are always of great interest and full of instructive work.

Dr. Newman T. B. Nobles sailed November 10th to spend a year in study abroad.

Oklahoma City is 100 miles nearer the center of population in the United States than New York City. The last two Institute meetings at Jamestown and Atlantic City have been 1,047 and 880 miles respectively, from Chicago. Oklahoma City is but 826 miles from Chicago.

The Missouri State Board of Health has made a favorable report on the St. Louis Homœopathic Medical College and the Kansas City Hahnemann Medical College.

Messrs. Boericke & Tafel have in press a work from the pen of Dr. Clarence Bartlett. The book has the concise yet thoroughly descriptive title, "Treatment." It will be in a class by itself, giving full treatment for practically every known disease; not therapeutics only, though this branch is fully gone into, but treatment in the broadest sense. It will make a work of about 1,200 large octago pages.

The author has been assisted in his task by noted specialists, i. e., Dr. C. M. Thomas, on eye and ear; Dr. E. M. Gramm, on skin; infants, Dr. C. S. Raue; hydrotherapy, Dr. W. F. Baker, and Dr. W. H. Hammond, on X-ray. The book will probably be ready for delivery in February.

Brother Kraft takes a fall out of our piscatorial pastime in Vermont, and explodes his knowledge of the geography of that State by saying that on the map it looks like a "continuous procession of caterpillars." Wall neow, Brother Kraft, as Uncle Josh would say, at least we Vermonters know that chipmunks do not hibernate, though we know very little of Louisiana bears or the strenuous life. Did you get your geographical knowledge from the same place President Roosevelt got his zoological data?

Dr. C. Winfield Perkins, of Princeton, N. J., read a most interesting paper on "Pure Homœopathy as a Scientific Method" before the Alpha Sigma Alumni Association of Philadelphia on Oct. 18th.

There is an excellent opening for a good homœopathic physician, man or woman, at Bloomsburg, Pa. Dr. H. W. Champlin, who has been located there for years and who has had a large practice, has removed to Walter's Sanitarium at Walter's Park, Pa., and now the field occupied by Dr. Champlin is vacant. It is a choice practice. The Dr. will introduce his successor, who to succeed must be a good homœopathic physician, and will charge nothing for good will, or introduction. This is a fine opportunity for a good man or woman who makes a specialty of Homœopathy.

A neat perpetual visiting list has been gotten out by J. H. Chambers & Co., publishers of St. Louis, Mo., which is about as handy for the pocket as any we have seen.

The North American Journal of Homœopathy, in commenting on single examining boards, shows some interesting points: First, the Board of Regents in New York, some of them insisted on the appointment of their family physicians as members of the board. Second, the first act of the board was outside its province, and the ability of the physician to relieve suffering and restore health was relegated to the ashheap and the creation of a Doctor of Sanitation advocated. The Homœopathic members were appointed examiners in chemistry, bacteriology and diagnosis. New York is decidedly a low-grade State, has no examination in materia medica and therapeutics, does not properly protect the people from incompetent prescribers of medicine, and the Council on Medical Education should not consider any examination passed by any candidate appearing before the Examining Board of this

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State as entitling his college to any rating because of the said examination. Our contemporary is in error when the Eclectics in Texas are accused of selling out to the Regulars (sic) for the presidency. This is not so, and future developments will show that neither the Eclectics nor the Homœopaths want the presidency of the Texas Board. We will be all right in Texas.

The attendance at the homœopathic department of the University of Michigan this year is 20 per cent. higher than last year's attendance. This is especially gratifying, since the increase in the allopathic department of the University is but 5 per cent. There is an awakening to the fact that homœopathic physicians are more in demand every year and that there is no overcrowding in the homœopathic field.

The Miami Valley Homœopathic Society held its semi-annual session in Dayton, Ohio, on October 31. A fine programme of interesting papers was presented.

Dr. H. B. Reynolds, of Escanaba, Mich, has been chosen physician of Delta county, succeeding Dr. W. A. Cotton, also a Homœopath.

The Philadelphia Medical Society will admit homœopathic graduates but not Homœopaths. They must renig. They must be remolded to fit the calibre of Section 3.

The Attorney General of Illinois has rendered an opinion to the effect that an osteopath can style himself doctor and not conflict with the State board rules.

Dr. A. B. Norton has recently been in the South recovering from a severe attack of la grippe.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

A personal letter from Dr. Geo. O. Welch, of the State Hospital for the Insane at Fergus Falls, among other things of interest gives the following as the medical staff of the institution: Dr. Geo. O. Welch, superintendent; F. S. Wilcox, assistant superintendent; F. M. Thayer, second assistant superintendent; I. H. Kiesling, assistant physician; D. E. Brownell, woman physician; Bertha G. Newkirk, assistant woman physician; H. D. Diessner, pharmacist.

Dr. M. M. Jordan, one of the assistant physicians at the Westboro, Mass., Insane Hospital, spent his vacation late this summer in Minneapolis and vicinity.

Dr. J. H. Beattie, of St. Cloud, has returned from his European trip very enthusiastic over the Bier (not beer) treatment by the induction of passive hyperæmia. Dr. Myerding, who has cared for Dr. Beattie's practice through the summer, will very shortly go to the Metropolitan Hospital in New York.

Dr. A. J. Hammon, of Winnebago City, Minn., has removed to Minneapolis and is looking after the practice of Dr. R. R. Rome during the latter's absence in Europe, occupying Dr. Rome's office in the Andrus Building.

This leaves a magnificent opening for a Homœopathist at Winnebago City.

Dr. W. B. Roberts has just closed a successful three months' surgical service in the Minneapolis City Hospital and has been succeeded by Dr. Henry C. Aldrich as visiting surgeon. The medical service of the hospital is now under the care of Dr. J. F. Beck, who succeeded Dr. O. K. Richardson. Dr E. E. Austin is caring for the gynæcological cases, succeeding Dr. R. R. Rome. Dr. H. H. Leavitt attends to the eye, ear, nose and throat cases. Dr. C. H. Neill, the skin and genito-urinary service; Dr. Annah Hurd has the obstetrical service; her term expires shortly and Dr. Hugh J. Tunstead will succeed her, and Dr. Geo. Hamlin is in charge of the service of diseases of children.

Dr. C. M. Cooper, of Chatfield, Minn., is celebrating the arrival of a son at his domicile not long since.

Dr. O. K. Richardson, of Minneapolis, was in Washington, D. C., recently to receive the 33d degree in Scottish Rite Masonry, following which he visited Philadelphia and New York.

Dr. Earl Jamieson, Hahnemann, Chicago, '05, has located at Walnut Grove, Minn.

Dr. M. J. Rand, of Univ. of Minn., '07, has located at Sauk Rapids, Minn.

Dr. W. A. Beach, of Muskato, was a recent Twin City visitor.

Dr. H. D. Newkirk has re-located at Wolverton, Minn.

Dr. N. T. Clark, Hahn., Chgo., '06, has located located at Grand Forks, N. Dak., which is just across the Red River on the north from Minnesota.

Dr. E. H. Smith, of Bennidji, Minn., was in Minneapolis recently.

Dr. A. M. Crandall, of St. Paul Park, was a recent visitor in the office of your correspondent.

Dr. A. M. Eastman, of St. Paul, (Hahn., Phil., '79), has the sympathy of us all in his loss of his wife, whose death occurred recently.

Dr. E. A. Wright has located at New Richmond, Wis.

Miss Dorothy Marlowe, one of the pupil nurses at the Mapes City Hospital, died recently from scarlet fever contracted from a patient.

The stork was a welcome visitor at the home of Dr. and Mrs. A. T. Caine, of Anoka, on Oct 30th, and William Harris Caine will be a welcome addition to the medical profession in the years to come.

Dr. and Mrs. Asa Stearns Wilcox, of Minneapolis, are sorrowing at the loss by death of their daughter, Helen, a charming young woman of eighteen years, whose death occurred on November fourteenth. The sympathy of the many friends of Dr. and Mrs. Wilcox go out to them in their great affliction.

Dr. A. E. Booth, of Minneapolis, has recently been in the northern part of the State shooting deer.

The Northwest may not develop "Nature Fakers," but she does produce "Fake Doctors," as evidenced by reading notices, telegraphic and local, in various papers about alleged healers. One, John Till, by name, holds forth near Somerset, Wisconsin. Patients go to him from various points on the railroads and have to ride in the farm bus; then buy tickets or numbers to get to see him (and he sees

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but 100 per day,); after consulting him the honorarium is deposited in a dish pan in one corner and when full taken to the bank, (estimated at $1,000 per week). The treatment for all patients is the application of the same (a septic?) sponge to the back or affected part and open sores result, (croton oil?), from which the disease runs in foul (septic?) discharges. A tuberculosis patient, recently seen, was taking turpentine internally in addition to the use of plasters applied to the running sores above mentioned. The Wisconsin Medical Board is said to be about to investigate John Till, which is more than the Minnesota Medical Examining Board has done with an alleged Dr. Sherman, who has practiced more or less successfully in Duluth, Cambridge, and Minneapolis, in Minnesota. Patients who have been to him tell me that his theory of the cause of disease is that the toes become locked together and the patients' electricity is short circuited and kept in the body; and to allow it to pass off all that is necessary is to separate the toes, pack cotton between them to keep them apart and wear shoes broad toed and several sizes too large, which the Doctor furnishes at so much per pair and through which he receives his honorarium.

P. T. Barnum's memorable statement that the people wanted to be humbugged is certainly well exemplified in the above instances.

CINCINNATI NOTES.

BY LINCOLN PHILLIPS, M. D.

Quite a bit of misapprehension has arisen concerning the Cincinnati Homœopathic Lyceum and Pulte College by the newspapers incorrectly reporting.

They had quite a lengthy article stating there would be a union of the three schools of medicine in Cincinnati. Many people got the impression that Homœopathy was going out of business and that Pulte College would lose its identity in a union school. This is a great mistake, for Pulte College is doing better and more enthusiastic work than ever before and Homœopathy has no notion of being annihilated as yet.

The error arose from the fact that representative men of the Regular and Eclectic schools were invited to read papers the coming winter at the Lyceum meetings.

Dr. C. E. Walton attended the Cleveland banquet recently when Dr. Gaius I. Jones was presented a loving cup. Of course the Doctor was down for a toast.

Dr. L. K. Shepherd, one of Pulte's last year graduates, was married recently. He lives at Glendale with his father, Dr. Willard Shepherd, but has opened an office in The Groton, Seventh and Race streets.

A number of our doctors attended the Miami Valley meeting at Dayton, O., Oct. 31st. There was a good attendance and was a good meeting. The Dayton men are fine fellows. They are to entertain the Ohio State Society next May, and we know it will be royally done.

A Pulte boy, Dr. Frank Murphy, was elected president of the society for the ensuing year.

Dr. George Blackford, of Xenia, Ohio, has moved to Middletown, Ohio, and is occupying the office so long occupied by the late Dr. J. T. Sutphen.

Dr. H. H. Wiggers reports a complicated labor case hydraminos—prolapsed cord, placenta prævia, face presentation and twins. We may add the doctor is a truthful man.

The Lyceum held a meeting October 23 and Nov. 13. The program of the former meeting consisted of two papers, Arterio-Sclerosis, by Dr. W. A. Geohegan, and Recuperative Nerve Force, by Dr. A. G. Kreidler, the editor of the Lancet Clinic, the local old school journal. The program of the latter meeting was Puerperal Eclampsia, by Dr. Harry Blackford, of Middletown, O., and Sterility, by Dr. W. N. Gracely, of Home City.

OBITUARY.

Dr. Lila M, Tenny.

Piedmont, Col., Oct. 5, aet. 40. Hahnemann Medical College of the Pacific, 1902.

Dr. C. P. Huston.

Challis, Idaho, Oct. 10, aet. 35. Hahnemann Medical College of the Pacific, 1897.

Dr. Charles Mohr.

Philadelphia, Pa., Oct. 30, aet. 63. Hahnemann Medical College of Philadelphia, 1875.

Dr. S. W. Beall.

Troy, Ohio, Oct. 29, aet. 81. Chicago Homœopathic Medical College, 1889.

Euonymus.

This remedy is not used as frequently as in the past. Its field of action is upon the liver, and in part upon the digestive processes. It is thought to be an excellent cholagogue. It acts promptly when the liver is torpid and enlarged with more or less congestion, or when there is torpor in the portal circulation. It stimulates the entire circulatory apparatus promoting a free circulation. In all cases of hepatic engorgement it seems to exercise a beneficial result. It overcomes catarrh of the lining membrane of the common duct. When dyspepsia is dependent upon or complicated by disease of the liver, this agent is very prompt in its action. It stimulates the secretory glands of the stomach, and acts in harmony with Nux vomica and Hydrastis. When malaria is present, it promotes the action of Quinine, in its antiperiodic influence. It increases the intestinal secretions and stimulates the action of the kidneys, promoting a free flow of water.

The Toledo Homœopathic Club is out with a fine program for the meetings of the winter. Commencing on October 8th they will be held every other Tuesday at the Boody House. We hope to attend some of these meetings.

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